

Process for Coordinating Dual Credit on High School Campuses

School Name: _____
 Principal/Designee: _____
 Contact Phone #: _____

Date: _____
 Contact Email: _____

CCSD ADMINISTRATIVE APPROVAL PROCESS FOR PART-TIME INSTRUCTOR

(Please return completed form to: Brian Myli, CCSD Guidance & Counseling, CPD)

CCSD Course(s)	College Course(s)	Teacher's Name	Teacher Contact Phone/Email	Schedule of courses (During or After School)	Stipend reviewed by Guidance Services

Books Used:

Timeline for implementation of placement assessment:

Timeline for fee collection:

Process for placement assessment implementations:

CSN ADMINISTRATOR USE ONLY

(Please return completed form to: Nora Rodriguez, Academic Partnerships, W20E)

College Course(s) Approved	Credentials Approved by	Transcripts/Resume		Human Resources Documents	
		Date Collected	Date Processed	Date Collected	Date Processed