



High School Partnerships Center
Dual Credit
New Course Approval Form

(Step 1) To Be Completed By the High School

SCHOOL NAME _____

PROPOSED DUAL CREDIT COURSE _____

WCC COURSE # _____

HS EQUIVALENT COURSE # _____

*** Attach: Course Description, Syllabus, and Textbook Info

REASON FOR ADDING (Check all that apply):

_____ Add rigor to existing curriculum _____ Prepare students for career

_____ Prepare students for college _____ Expand curriculum options

PROPOSED INSTRUCTOR NAMES _____

To be considered for Dual Credit instruction, the candidate must satisfy WCC Adjunct Faculty requirements.

CURRICULUM ADMINISTRATOR APPROVAL _____

(Signature)

(Step 2) To Be Completed By the High School Partnerships Center

ACADEMIC DIVISION _____

ACADEMIC DEAN _____

(Step 3) To Be Completed By the Academic Dean

_____ Approved

_____ Unapproved Reason _____

ACADEMIC DEAN _____

(Signature)

PLEASE RETURN TO THE WAUBONSEE COMMUNITY COLLEGE
HIGH SCHOOL PARTNERSHIPS CENTER

Email: hspc@waubonsee.edu

Fax: (630) 466-9112

Sugar Grove Campus Address: Collins 157