

Appendix C – Dual Credit Course Request Form

A separate form should be completed for each new opportunity. Approval from the high school district office must be obtained prior to submitting this form to Triton College.

Please indicate the first semester the course will be offered for dual credit:

Fall Semester 20_____(Please Note: Form submission deadline is May 1st of the same year)

Spring Semester 20_____(Please Note: Form submission deadline is November 1st of the year prior)

Requestor’s Information (Must originate from high school district office)

Print Name	Print Title
Signature	Date

Please check the box for the type of Early College Credit desired:

Dual Credit

Students participating in the Dual Credit program earn both high school and college credit simultaneously. When the class is complete, the student will receive a letter grade on both their high school and Triton College transcripts. Students must meet Triton College’s prerequisites for the course.

High School course title and #: _____

High School(s) to offer this course: _____

High School course duration:

1 semester 2 semesters

Course option: (please check one):

- A Triton course offered during the school day at the high school, taught by a high school instructor as part of their regular teaching load. Students and the high school district will not be assessed tuition or fees. High school instructors must meet Triton College’s teaching credentials.
- A Triton course taught by a Triton instructor offered at Triton. The high school district is responsible for paying tuition and fees.

Credit by Exam

Students participating in the Credit by Exam program could potentially earn college credit determined by the results of an exam taken at the end of the high school course.

Proposed instructor(s) for initial offering: _____

High School District Office Approval: (Must be a District Official)

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Print Name **Print Title**

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Signature **Date**

Regional Education for Employment Approval: (not required for approved off-campus courses)

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Print Name **Print Title**

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Signature **Date**

Triton College Approvals:

(To be signed after this form has been reviewed, approved, and Triton course information has been completed)

Program Chair or Coordinator:

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Print Name **Print Title**

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Signature **Date**

Division Dean:

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Print Name **Print Title**

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Signature **Date**

Vice President of Academic Affairs

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Print Name **Print Title**

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Signature **Date**

Triton Use Only

Course information to be completed by Triton Administrator: _____

Triton course title and #: _____

Semester(s) the dual credit course will be taught: Fall Spring

*Check both Fall & Spring for full year course *

Semester(s) in which Triton credit will be awarded: Fall Spring

Check only Spring for full year course

Required teaching credentials: _____

Textbook to be used (title, author, ed.): _____

Required amount of contact hours: _____

Student prerequisites for enrollment: _____

Discussed with AND distributed to requestor:

- Official Triton Course Outline
- Sample syllabus
- List of required chapters
and sections to be covered
- High School Dual Credit Syllabus
submitted to and approved by Chair

Triton College Administrator Signature: _____

Date: _____