School Name: ____________________________________________________________

District: ___________________________ Telephone: _________________________

Email Address: ________________________ Fax: _____________________________

Address: _______________________________________________________________

City: _____________________________ State: ______ Zip: _____________

Principal: ___________________ Contact: ________________ Email: _____________

Dual Enrollment Course(s) Requested: _______________________________________

Instructor: ___________________ Semester: _____________________________
(Please attach instructor’s qualifications)

Instructor Phone #: ___________________ Instructor Email: ___________________

Proposed Course Organization:

☐ Once a Week  Day and Time: ____________________________

☐ Twice a Week  Days and Time: ___________________________

☐ Everyday  Day and Time: _____________________________

☐ Other  ________________________________________________

NWCC Official Use Only:

Instrctor  Qualified ___________________________ Not Qualified ___________________

_________________________________________________________   _________________________
Northwest Department Chairperson   Date

____________________________________________________________   _______________________________
Associate Vice President for Educational Affairs   Date