

Requests must be submitted to the Dual Enrollment Coordinator: Kendrick Johnson at kjohns3@dcc.edu

Date of Request:								
			High Sc	hool Information:				
School Name:								
Principal:		Principal's Email:						
Dual Enrollment Contact:		Dual Enrollment Contact Email:						
Course(s) Requested:								
Course Title	Course Reference #	Course & Number	Credit Hours	Course Day & Time	Semester & Term	# of Students	Instructor to be provided by DCC	
Example: Introduction to Psychology	11111	PSYC 127	3	MW / 8:00 am - 9:20 am	Fall 2022 (Full Term)	25	Yes / No	
Note: DCC Dual Enrollment does not students needed to provide an instruct					ct to personnel avalla	ability. The min	umum number of	
Instructor Request: To be completed	l by schools ι	using a high sch	ool instructor	to teach DE course at school or red	questing DCC Instru	ctor.		
High School Instructor Name	Certification Area		Previously Credentialed by Delgado Community College? Yes/No		Approval/Denial to be completed by Delgado's Department Chair (Signature)			
Example: John Doe	Psychology			Yes		Approved - <b>John Smith</b>		
	truotoro MUC	The approved l	hy Dolgodolo	Danartment Chaire prior to the star	t of each competer			
Prospective Insructors Must Su		i be approved	by Deigado's	Department Chairs prior to the star	t of each semester.			
•Unofficial transcript for review								
•	laster's Degre	ee 18+ graduate	hours in sub	ject within 10 days of submitting th	is form			
•Technical course instructors: p	rovide proof	of credential or o	certification fo	r technical course AND resume				
•Provide additional information a	as requested	by DCC Enrolln	nent Office					
	Sub	mit all docum	entation to:	Kendrick Johnson, kjohns3@d	cc.edu			

**DCC DE Coordinator** 

Date

**High School Representative Signature** 

Date