

Kankakee Community College
ARTICULATED CREDIT COURSE APPLICATION

100 College Drive • Kankakee, IL 60901-6505 • 815-802-8816 • FAX: 815-802-8101

ONE FORM PER COURSE, PLEASE.

This form is to be submitted to KCC for approval no later than **May 30** prior to the upcoming school year for both fall and spring semesters for dual credit courses. Articulated credit is for the following courses only MATH 1113 - Tech Math I, MATH 1123 - Tech Math II, MATH 1414 - Basic Algebra and MATH 1424 - Intermediate Algebra.

Today's date: _____

High school: _____

High school instructor: _____

Phone number: _____

Instructor's high school email: _____

Applying for this articulated course (choose one)

- MATH 1113 - Tech Math I MATH 1123 - Tech Math II
 MATH 1414 - Basic Algebra MATH 1424 - Intermediate Algebra

Requesting for school year _____

Semester(s) to offer dual credit course? Fall Spring

How many sections will you offer per semester? (choose one) 1 2 3

Attach a copy of the dual credit course syllabus.

If a new instructor, attach a copy of post-secondary transcripts to verify teaching credentials. Transcripts do not have to be sent if they are on file at KCC.

I agree to abide by the policies and procedures related to teaching courses for KCC articulated in the dual credit manual, including grading standards and course outcomes. I understand that no compensation will be provided to me by KCC for any services in the Dual-Credit Program.

Instructor Signature: _____

Date: _____

OFFICE USE ONLY

_____ Final grades received and sent to registrar

_____ Copy of final grades given