

Kankakee Community College
DUAL CREDIT COURSE APPLICATION

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

ONE FORM PER COURSE, PLEASE.

Submit this form to KCC no later than **May 30** prior to the upcoming school year for both fall and spring semesters for dual credit courses.

Today's date: _____

High school: _____

High school instructor: _____

Phone number: _____

Instructor's high school email: _____

KCC course number and/or name: _____

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

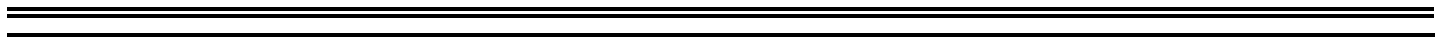
Attach a copy of the dual credit course syllabus.

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 KCC policies and procedures related to teaching courses 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

Prefix/No. Sect:	Semester(s)	Colleague Processes	
_____	_____	___ SECT	___ XIDC
_____	_____	___ FASC – incl assoc dean	___ XSDT
_____	_____	___ ASCI	___ Notify DC dir & assoc dean