

**Kankakee Community College**  
**NEW COURSE APPLICATION FOR DUAL CREDIT**

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 April 30 for new Dual Credit course requests for the following fall or spring semesters. "New" *pertains to courses not offered before for dual credit by the high school.* Also submit the Dual Credit Course Application.

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 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: \_\_\_\_\_

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Office use only

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