

Concurrent Enrollment New Course Request Form

Course and High School Information:

High school: _____

ARCC course requesting to offer: _____

High School Teacher: _____

If new teacher, will also need to submit teacher application

Length of course:

Yearlong: Semester: Trimester:

Other (specify): _____

Intended start date/term of course: _____

Student grade levels enrolling in course:

Seniors

Juniors

Sophomores*

*Participation of 10th grade students requires additional approval by ARCC. In general, 10th grade enrollment is limited to CTE courses, accelerated math pathways students, and select courses agreed upon by high school and ARCC.

Intentionality of Courses: Please provide a short statement as to how this course will be beneficial for your students and compliment any other advanced credit options (concurrent, AP, IB) at your high school:

High School Contact Information:

High School Administrator Name: _____

Contact Email: _____ Contact Phone: _____

Internal ARCC Approvals:

Academic Dean Signature: _____ Date: _____

☐ Approve ☐ Deny

Denial reason, if applicable: _____

Dean of Academic and Community Outreach Signature: _____ Date: _____

☐ Approve ☐ Deny

Denial reason, if applicable: _____