

Student Services

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Dual Credit

NEW* Course Request Form

*NEW refers to a course that is being offered at your school for the first time and for which there is no active MOU in place.	
High School/Vocational Center:	Date Submitted
Person requesting the course:	
Name	Title
Phone	Email
Kish Course (prefix/number/name): Equivalent HS/VC course name:	
Semester course is to begin: Fall	
Rationale for adding the course: (How many students are likely to enroll? How does this course align with student goals and outcomes?)	
Dual Credit Instructor Information	For Kish Office Use Only
Name:	Date Received:
Email:	Review of instructor credentials completed on
Has this person taught for Kish previously: YES NO	Instructor approved: Yes No
(For new instructors, please attach unofficial graduate transcripts and New DC Instructor Evaluation Form.)	MOU sent out for HS signatures on