

**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: (circle) **Fall**    **Spring**    **Summer** / Year 20\_\_\_\_

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**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Has this person taught for Kish previously: YES    NO

*(For new instructors, please attach unofficial graduate transcripts and New DC Instructor Evaluation Form.)*

**For Kish Office Use Only**

**Date Received:** \_\_\_\_\_

**Review of instructor credentials completed on** \_\_\_\_\_.

**Instructor approved: Yes No**

**MOU sent out for HS signatures on** \_\_\_\_\_.