Woodland Community College

Dual Enrollment Course Request

High School: _____ District: _____

Instructor Name: _____ Email: _____

1. Are already approved to teach at WCC? Yes☐ No ☐
2. Have you taught this class before? Yes ☐No ☐
3. Did you attach your draft syllabus to this form? Yes ☐ No☐

High School Course Name:	*Ex: U.S History*
College Course ID and Title:	*Ex: HIST-17B*
Duration of Course: (Fall, Spring, Full Year)	*Ex: Fall and Spring*
Total number of sections:	*Ex: 4 Sections*
Identify where sections will be taught if you plan to teach in Fall and Spring. (Full year is exempt)	*Ex: Fall will hold 2 sections, and Spring will hold 2 sections.*

Instructor Signature _____ **Date** _____

Principal Signature _____ **Date** _____

Reminders: Please complete 1 course request per course you plan to teach. Courses without a syllabus will be automatically denied.

If you have any questions about creating/updating your syllabus please contact Alexis Kersting at akersting@yccd.edu

If you have any questions about the course request, please contact Angel Orejel at aorejel@yccd.edu