Dual Credit Contact Log

MCC Faculty Member: _____

Semester: ____ **Fall** ____**Spring** ____ **Full Year** **2011-12**

High School Teacher: _____

Course and Section: _____

High School: _____

Date	Type of Contact (i.e., visit, phone, e-mail)	Approximate Time Spent	"Meeting"/Contact Notes

(over)

Date	Type of Contact (i.e., visit, phone, e-mail)	Approximate Time Spent	"Meeting"/Contact Notes

_____ _____

(Faculty Signature) ***(Date)***

Please Submit to the Dean of Interdisciplinary Programs on or Before the Deadline for Final Grades