

# Dual Credit Curriculum Checklist



MCC Department: \_\_\_\_\_  
 Name of MCC Faculty: \_\_\_\_\_  
 MCC Course Name/Number: \_\_\_\_\_  
 HS Course Name: \_\_\_\_\_

School District: \_\_\_\_\_  
 Bldg. Name, if applicable: \_\_\_\_\_  
 Name of HS Faculty: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Tentative MCC Semester that course will begin: \_\_\_\_ Fall \_\_\_\_ Spring of \_\_\_\_\_ (please check and enter year)

Term Length for High School: \_\_\_\_ Full Year \_\_\_\_ Fall Only \_\_\_\_ Spring Only \_\_\_\_ Both Fall and Spring (separate sections)

The MCC faculty and the High School faculty verify that they have discussed and agreed on the following by initialing each item and signing below:

**MCC Faculty**

**HS Faculty**

\_\_\_\_\_ The high school faculty member's qualifications are comparable to those of the MCC faculty teaching the course on campus. \_\_\_\_\_

\_\_\_\_\_ The high school syllabus and course information sheet has been aligned to the MCC curriculum. \_\_\_\_\_

\_\_\_\_\_ The course requirements and grading procedures have been reviewed. \_\_\_\_\_

\_\_\_\_\_ The following textbook(s) has/have been approved: \_\_\_\_\_

Name of Textbook(s) \_\_\_\_\_

Author(s) \_\_\_\_\_

Publisher(s) \_\_\_\_\_ Edition(s): \_\_\_\_\_

ISBN(s): \_\_\_\_\_ Year(s) Published: \_\_\_\_\_

\_\_\_\_\_ The MCC faculty has provided samples of instructional materials and assessment instruments. \_\_\_\_\_

\_\_\_\_\_ The final evaluation (final exam or College project) has been reviewed. \_\_\_\_\_

\_\_\_\_\_ MCC faculty visitation plan has been discussed. Anticipated date of visit: \_\_\_\_\_

\_\_\_\_\_ The date for the delivery of final written grades has been agreed upon. \_\_\_\_\_

\_\_\_\_\_ Professional Development plan discussed. Anticipated date for implementation: \_\_\_\_\_

\_\_\_\_\_  
 (Signature, MCC Faculty Member)

\_\_\_\_\_  
 (Signature, High School Faculty Member)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature, Dean, Interdisciplinary Programs)

Signed Copy Sent to:

Date Sent: \_\_\_\_\_

\_\_\_\_\_  
 MCC Faculty Member \_\_\_\_\_ HS Faculty Member \_\_\_\_\_ MCC Dept. Chair \_\_\_\_\_ MCC Dean \_\_\_\_\_ MCC Administrative Contact