



## College Now High School Instructor Approval Request Form

Please submit completed form with an updated resume and unofficial transcripts to [collegenow@monroecc.edu](mailto:collegenow@monroecc.edu).

HS Instructor Name: \_\_\_\_\_ HS Name: \_\_\_\_\_

HS Instructor Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Course Request Information

Please indicate below the name of any course you are seeking to be certified to teach.

MCC Course Name/#	HS Course Name	Expected Semester	Expected Year
_____	_____	_____	_____
_____	_____	_____	_____

## Credentials

Submit the following documents along with this form (Unofficial transcripts are acceptable)

- Updated Resume/Vitae
- Undergraduate Transcript
- Graduate Transcript (if applicable)

## For Office Use Only

Recommendation: (MCC Academic Department Chair only) – Please check one

I affirm the high school instructor listed above meets the eligibility requirements for teaching dual credit and I hereby recommend him/her as a dual credit faculty member for MCC College Now Program.

At this time, I cannot recommend this instructor to teach a dual credit class for MCC for the following reason:

Academic Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_