



For Office Use Only	
Preliminary Approval _____	
Dual Credit Course Verification Checklist Received _____	
Class Request Processed _____	

### Dual Credit Course Agreement Request

**High School Information**

High School: \_\_\_\_\_ Date: \_\_\_\_\_

High School Instructor: \_\_\_\_\_  
Please Print

High School Instructor Email Address and Phone Number \_\_\_\_\_

DPI Certification Area: \_\_\_\_\_

New Course Request: \_\_\_\_\_ Renewal: \_\_\_\_\_

High School Course Title	Semester Offered (Fall/Spring) & Year	High School Course Start Date	High School Course End Date	# of Days H.S. Course Meets	Time H.S. Course Meets	FVTC Course Title	FVTC Course Number	FVTC Course Credit

**Return this form to:**  
**Office of K-12 Partnerships, FVTC, 1825 N Bluemound Dr, Appleton, WI 54912**  
**Fax 920-735-2538, Phone 920-735-2563, E-mail woods@fvtc.edu**