

EASTERN WYOMING COLLEGE

CONCURRENT ENROLLMENT COURSE REQUEST FORM

GOSHEN COUNTY SCHOOL DISTRICT #1

COURSE INFORMATION:

Department: _____ Course Number: _____ Credit Hours _____

Course Title: _____

Proposed Textbook: _____

Title

Author

Edition

Copyright

ISBN (if known)

Are there any prerequisites or testing requirements? (Please list) _____

Location: (Circle) Lingle Southeast Torrington

Start Date: _____, 20 _____ End Date: _____, 20 _____

Day(s) Met: (Circle) M T W Th F

Begin Time: _____ am/pm End Time: _____ am/pm Total Minutes Met: _____

Is this course offered for S/U only? _____

INSTRUCTOR INFORMATION:

Name: _____ SS#: _____

Address: _____ Home Phone: _____

Work Phone: _____

If your address has changed in the past year, please check the box.

E-mail: _____

Does EWC have an application for Employment for Professional Adjuncts and official transcripts on file? _____ (If not, this needs to be completed)

Has the instructor been approved to teach this course? _____

Submitted by: _____ Date: _____
(High School Principal)

_____ Date: _____
(Superintendent's Designee)

FOR OFFICE USE ONLY:

Course Authorization: _____ Date: _____
College Official