

PCC DUAL CREDIT COURSE APPROVAL FORM

High School Instructor Name:	Date:		
High School Name:			
High School Course Name: PCC Course:			
PCC Dual Credit Liaison Name:			
Liaison Contacted Candidate: (Check all that apply)			
Date of Visit Date of Phone Call	Email		
	Yes	No	
Liaison has reviewed with candidate any discipline-specific philosophies and/or pedagogy for the course.	0	0	
Liaison has explained textbook considerations/requirements.	0	0	
Candidate has been provided the course grading scale and understands the grading standards.	0	0	
Liaison has reviewed required assignments and the rigor of the assignments, assuring standards of achievement are the same as expected in on-campus sections.	0	O	
Liaison has reviewed required assessments and rigor of the assessments.	0	0	
Does the course syllabus include all of the required elements that are deemed critical to "identify" the course (instructor, title, description, course #, pre-requisites, etc.)?	0	O	

Does the course content align with the PCC Course Outcomes Guide (CCOG)?	Content and	0	0	
Does the course include activities for the course that representative of PCCs college course rigor?	are	0	0	
If you checked any "No" boxes, please explain in detail why				
		APPROVE	DO NOT APPROVE	
Considering your review of this course and the on this form, do you approve this course for	•	0	0	
If you Do Not Approve, please explain in detail what course changes need to be made.				
PCC Dual Credit Liaison Signature:		Date:		
Dual Credit High School Faculty Signature:		Date:		
National Accreditation requires our office to track hours spent on collaboration to build this course. Please record hours here:				
Hours	Thank	s for your time.	Any Questions?	
(and also submit your time and mileage sheet	Contact the Dual Credit Office (971) 722-7737 or dualcredit@pcc.edu			