

# CENTRAL ARIZONA CONSORTIA PROGRAM OF STUDY

## CTE DUAL ENROLLMENT COURSE REQUEST FORM

Due 4/24/15 to Mike Glover– Email [mglover@cavitschools.org](mailto:mglover@cavitschools.org) or FAX (520) 423-1822  
Questions? – Contact Mike Glover, CAVIT (520) 423-2991

**Fall, 2015 Semester**

Program Name: \_\_\_\_\_

High School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Local CTE Course Name: \_\_\_\_\_ Period Offered: \_\_\_\_\_

CAC Course Name: \_\_\_\_\_ CAC Course #: \_\_\_\_\_

**Course Start Date: August 3, 2015**

**Course End Date: December 4, 2015**

Semester Hours: \_\_\_\_\_ Period Begin Time: \_\_\_\_\_ Period End Time: \_\_\_\_\_

Course Location: \_\_\_\_\_ Room Number for Course: \_\_\_\_\_

Teacher Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ Teacher Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Teacher Work Email: \_\_\_\_\_ Teacher SSN: \_\_\_\_\_

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**We certify that district approval has been granted to offer this CTE course as a CAC dual enrollment course.**

Name \_\_\_\_\_  
School Superintendent Signature Date

Name \_\_\_\_\_  
High School Principal Signature Date

Name \_\_\_\_\_  
High School CTE Director Signature Date

Name \_\_\_\_\_  
CAVIT Superintendent Signature Date

For Authorized Use Only
CRN: _____

For Authorized Use Only
Teacher Approved: _____ Processed: _____