

CENTRAL ARIZONA CONSORTIA PROGRAM OF STUDY

CTE DUAL ENROLLMENT COURSE REQUEST FORM

Due 10/2/15 to Mike Glover– Email mglover@cavitschools.org or FAX (520) 423-1822

Questions? – Contact Mike Glover, CAVIT (520) 423-2991

Spring, 2016 Semester

Program Name: _____

High School: _____ Teacher Name: _____

Local CTE Course Name: _____ Period Offered: _____

CAC Course Name: _____ CAC Course #: _____

Course Start Date: January 4, 2016

Course End Date: May 6, 2016

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: _____

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

Name _____ School Superintendent	_____ Signature	_____ Date
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Name _____ High School Principal	_____ Signature	_____ Date
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Name _____ High School CTE Director	_____ Signature	_____ Date
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Name _____ CAVIT Superintendent	_____ Signature	_____ Date
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For Authorized Use Only CRN: _____

For Authorized Use Only Teacher Approved: _____ Processed: _____
