

**Phoenix Union High School District
DUAL ENROLLMENT COURSE APPROVAL**

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Submit this form and required documentation to:

Phoenix Union High School District, Curriculum Division (CES-3) 4502 North Central, Phoenix, AZ 85012

Name of High School _____

High School Course Title _____

High School Course Teacher (**print** full name) _____

Name of College/University _____

College Department Chair/University Dean (**print** name) _____

Check Appropriate Semester for Credit Offering:

Fall Semester Only Credit(s) _____ Spring Semester Only Credit(s) _____

Year Long High School Studies to Earn Credit(s) at end of Spring Semester _____

College/University Full Course Title(s)	Course Numbers	# of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures indicate course alignment sufficient to award both high school and college/university credits, verification of minimum teacher qualifications according to HLC and/or school support for dual enrollment.

_____	High School Course Teacher Signature	_____	Date
_____	High School Instructional Leader Signature	_____	Date
_____	Assistant Principal for Registration Signature	_____	Date
_____	Content Specialist Signature	_____	Date
_____	PXU District Subject Area Curriculum Director Signature	_____	Date
_____	College/University Course Department Chair/Dean Signature	_____	Date
_____	College/University Dual Enrollment Coordinator Signature	_____	Date

Attach copies of high school course standards and college course competencies/university syllabus.