

[Initiating Campus Address]

College Courses Offered in High School

TO:

DATE:

FROM:

RE: Clearance Request

Information Only-Shared Primary Service Area

SEMESTER: _____

COURSE #: _____

OF CREDITS: _____

COURSE TITLE: _____

LOCATION: _____

RATIONALE: _____

ACTION:

DATE:

Concur with request

Acknowledge, but do not concur for the following reason:

If you do not concur, please indicate the course you plan to offer to meet the identified need during the designated semester.

Please return signed copy to: