Superintendent File: IGA-E-1

DCSD CONCURRENT ENROLLMENT COURSE OR PROGRAM PROPOSAL

The Concurrent Enrollment Program proposal must be submitted to the Concurrent Enrollment Coordinator. The Concurrent Education (CE) course/program proposal must include the following information:

The requestor will need to complete sections:

- <u>SECTION I: CONTACT INFORMATION</u>
- <u>SECTION II: GENERAL CE INFORMATION</u>
- <u>SECTION III: CONCURRENT ENROLLMENT PROGRAM INFORMATION</u>
- SECTION IV: CONCURRENT EDUCATION PROGRAM COURSE INFORMATION

Academic Systems will facilitate the completion of the remaining sections.

SECTION I: CONTACT INFORMATION		
Group(s) initiating this proposal: (check all that apply):	TeachersAdministrators	StudentsCitizens
School sponsoring this proposal:		
Level of School:	ementary D Middle	🗅 High
Contact Information of the individual completing the cou	rse proposal:	
Name:		
Phone Number:		
Email Address:		

SECTION II: GENERAL CE INFORMATION

Name of institution of Highe	r Ed	acation:
This proposal is for a:		Single Course
If this is a single course, does	D s it fi	Program (Multiple Courses) If this is a Program Proposal, skip to <u>Section III</u> . t into an existing program? U Yes U No
If yes, what is the progra	ım n	ame?
If this is a single course	e skij	to <u>SECTION IV: Concurrent Education Program Course Information</u>

SECTION III: CONCURRENT ENROLLMENT PROGRAM INFORMATION

Name of CE Program:

- A. Provide a brief overview of the Program
- B. How does this CE Program fit into the overall educational program?
- C. What benefits would our student receive from this program?

Provide a flow chart or table that indicates the courses students would take within the program. For existing courses include the course number from IC and the course name as it appears in IC. For new courses write the course number and name in **GREEN** font color that is provided from the institution of higher learning. ** Other courses maybe added or changed within the program, based upon the need of students or program modifications.

Example:

Name of Program: Business Pathway

Semester 1:	Semester 2:
69015 - ACC-BUS 1015 Intro/Business	69262 - ACC-BUS 2026 - Business Stats
69261 - ACC-BUS 2017 Business Comm	ACC-COM 1150 Public Speaking

Name of Program:

Semester 1:	Semester 2:

SECTION IV: CONCURRENT EDUCATION PROGRAM COURSE INFORMATION

For all newly proposed courses, provide the following information from the institution of high education: Higher Education Course Number & Title, Higher Education Course Description, Amount of College Credit, Prerequisite(s), and Credit Type Earned

Example:	
A. Higher Education Course Number & Title	ACC-COM 115, Public Speaking
B. Higher Education Course Description	Combines the basic theories of communication with public speech performance skills. Emphasis is on speech preparation, organization, support, audience analysis, and delivery.
C. Amount of College Credit	3 ACC Credits
D. Prerequisite(s)	None
E. Credit Type Earned	ENG

New Courses:

A. Higher Education Course Number & Title	
B. Higher Education Course Description	
C. Amount of College Credit	
D. Prerequisite(s)	
E. Credit Type Earned	

A. Higher Education Course Number & Title	
B. Higher Education Course Description	
C. Amount of College Credit	
D. Prerequisite(s)	
E. Credit Type Earned	

A. Higher Education Course Number & Title	
B. Higher Education Course Description	
C. Amount of College Credit	
D. Prerequisite(s)	
E. Credit Type Earned	

A. Higher Education Course Number & Title	
B. Higher Education Course Description	
C. Amount of College Credit	
D. Prerequisite(s)	
E. Credit Type Earned	

SECTION V: DCSD SYSTEM APPROVAL

At this stage of the process, the course proposal is submitted to the relevant stakeholders for final review. Approval is indicated by providing a signature and date.

A. Building Administrator:	
Name:	School:
Signature:	Date:
B. Coordinator of Postsecondary Readiness: Name: Signature:	Date:
C. Director of Curriculum, Instruction, & Assessmen Name:	
Signature:	Date:
D. Executive Director of Schools: Name: Signature:	Date
E. Learning Services Officer: Name: Signature:	Date:
F. Assistant Superintendent: Name: Signature:	Date:

SECTION VI: BOARD OF EDUCATION APPROVAL

This proposal has been submitted and thoroughly reviewed by DCSD Staff. It has been determined to meet all necessary criteria and is now ready for the Board's review and approval.

Does the DCSD Board of Education approve the adoption of the proposed course/program?

🗆 Yes	🗅 No		
BOE President Sig	gnature:		
Date of BOE Meet	ting:		

Section VII: ACADEMIC SYSTEMS COURSE BUILD

This section is utilized by the Academic Systems Team to build the course within Infinite Campus (IC). Once the process is complete, both the requestor and the building principal will be notified. Additionally, the appropriate contacts at each school will be informed of the new course offering.

Office use	Input	Entered by:
Credit type(s): (Fine Art, Science, Practical Arts, etc.)		
Department Code:		
Course Number:		
Date entered in Infinite Campus database:		
Course Mapping SCED Code:		
Course entered in NCAA database (if applicable):		
Lock Program ID VIP code:		
Lock VE CIP code:		
Add to HEAR list Yes or No		