ARCC Concurrent Enrollment Program
Course Confirmation Form

Partner High School: _____

Partner High School Primary Contact Name (s):

_____

Contact Information:

      Email: _____

      Phone: _____

Please enter the Course title, high school instructor, and dates the course will run. Please be specific on start and end dates - this will dramatically improve accuracy of information. With our new Minnesota State pricing structure, courses are charged on a per mentor mentee relationship, per course, per term.

<u>Preliminary Course Confirm.</u> - **Due April 1st** – OK if exact dates/terms unknown at this point.

<u>Final Course Confirm.</u> - **Due June 1st** – All dates/terms listed will be what is run/charged.

Course Title *EX- ENGL 1121- College Writing and Critical Reading*	High School Instructor John Smith
Dates the course will run. Please check all terms that apply and the enter the specific dates: (Information in parentheses indicates when the class will be charged) __ Yearlong- (Fall) Start: _____ End:_____ _X_ Semester 1-(Fall) Start: __9/7/2017_____ End:_____1/25/2017_____ _X_ Semester 2- (Spring) Start: ___1/30/2018_____ End:____6/7/2018_____	

Course Title	*High School Instructor(s)*
Dates the course will run. Please check all terms that apply and the enter the specific dates: (*Information in parentheses indicates when the class will be charged*) __ Yearlong- *(Fall)* Start: _____ End: _____ __ Semester 1-*(Fall)* Start: _____ End: _____ __ Semester 2- *(Spring)* Start: _____ End: _____	

Course Title	*High School Instructor(s)*

Dates the course will run. Please check all terms that apply and the enter the specific dates:

__ Yearlong- *(Fall)* Start: _____   End: _____

__ Semester 1-*(Fall)* Start: _____   End: _____

__ Semester 2- *(Spring)* Start: _____ End: _____

Course Title	*High School Instructor(s)*

Dates the course will run. Please check all terms that apply and the enter the specific dates:

__ Yearlong- *(Fall)* Start: _____   End: _____

__ Semester 1-*(Fall)* Start: _____   End: _____

__ Semester 2- *(Spring)* Start: _____ End: _____

Course Title	*High School Instructor(s)*

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