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.

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

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

<table>
<thead>
<tr>
<th>Course Title</th>
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<tbody>
<tr>
<td>EX- ENGL 1121- College Writing and Critical Reading</td>
<td>John Smith</td>
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Dates the course will run. Please check all terms that apply and 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: _____1/25/2018_____

_X_ Semester 2: (Spring) Start: ___1/30/2018______ End: ____6/7/2018______

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