This form is required of all new Concurrent Enrollment courses in order to gain department and college approval before the course can be offered. Please fill out completely and submit separate forms for each new course requested. Our academic dean or faculty department chair may reach out with any questions.

If the course is approved, please have the intended high school instructor complete a High School Partner Teacher Application, complete with college transcripts and a resume. The application will be evaluated to determine whether the instructor meets Anoka-Ramsey’s requirements to teach the approved course.

Please submit documentation to K-12 Partnerships Director at abbie.huttenburg@anokaramsey.edu or mail to Anoka-Ramsey Community College c/o Concurrent Enrollment, 11200 Mississippi BLVD NW, Coon Rapids, MN, 55433.

**Course Information:**

High School: ________________________________________________________________

Anoka-Ramsey course requesting to offer: _______________________________________

Length of course: Yearlong _____ Semester _____ Trimester _____ Other(specify): ______

Intended start date of course: ____________________

**High School Contact Information:**

High School Administrator Name: _______________________________________________

E-mail: ___________________________ Phone: ______________________

**Internal ARCC Use:**

Faculty Chair Signature: _________________ Approved? Y ☐ N ☐ Date: ________

Academic Dean Signature: _________________ Approved? Y ☐ N ☐ Date: ________

Dean of Academic and Community Outreach Signature: __________________________

Approved? Y ☐ N ☐ Date: ________

Anoka-Ramsey course requesting to offer: _______________________________________

Length of course: Yearlong _____ Semester _____ Trimester _____ Other(specify): ______

Intended start date of course: ____________________

**High School Contact Information:**

High School Administrator Name: _______________________________________________

E-mail: ___________________________ Phone: ______________________

**Internal ARCC Use:**

Faculty Chair Signature: _________________ Approved? Y ☐ N ☐ Date: ________

Academic Dean Signature: _________________ Approved? Y ☐ N ☐ Date: ________

Dean of Academic and Community Outreach Signature: __________________________

Approved? Y ☐ N ☐ Date: ________