



# Dual Enrollment On-Site Course Proposal Form

## FALL Semester – SPRING Semester

High School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**COURSE(S) REQUESTED – FALL Semester:**

Course Name	Secondary Code	Credit Hours	Specific time that course will be taught on high school campus	Estimated Number of Students

**COURSE(S) REQUESTED – SPRING Semester:**

Course Name	Secondary Code	Credit Hours	Specific time that course will be taught on high school campus	Estimated Number of Students

**Do you have an Instructor(s) who is qualified to teach the course(s) proposed? Please list name and contact information.**

*Note: Any new instructors should complete a Bevill State Community College application form and send it to the Office of Human Resources with their official transcript(s) and resume. Instructors must meet all requirements and be hired as an adjunct to teach DE courses.*

Course	Name	Contact Information

**For BSCC Use Only**

Division Chair Approval	Department	Date