

DUAL CREDIT 2014 - 2015 Teacher Verification Form

Return to PC3 by Oct. 24, 2014

Teacher Name:(First)	,
High School:	District:
High School Address:	
Phone: () Extens	sion:
Email:	
Alternate Contact Information: Phone (

I certify that in 2014-2015 I will teach high school courses that meet 100% of the competencies outlined in the following articulation ag	reements:		
Dual Credit Articulation Agreement Title: List high school course or sequence of courses required for meeting 100% of competencies:			
(HS Class 1 Name:)	_Year long course:	☐ Yes	□No
(HS Class 2 Name:)	_Year long course:	☐ Yes	□No
	$\hfill\square$ This is the same information as last year		
Dual Credit Articulation Agreement Title: List high school course or sequence of courses required for meeting 100% of competencies:			
(HS Class 1 Name:)	_Year long course:	☐ Yes	□No
HS Class 2 Name:)	_Year long course:	☐ Yes	□No
	\square This is the same information as last year		

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By signing this form I understand that I am responsible for the following:

- Teaching 100% of competencies outlined in the articulation agreements
- Informing students of the Dual Credit opportunity
- Submitting grades into the online registration system by June 26, 2015

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Teacher Signature	Date			
		1	1	
Career & Technical Education Director Signature	Date			

Return Form to: Pierce County Careers Connection

Kris Tarin

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Questions? Contact: ~ Kris Tarin, Dual Credit Program Coordinator

(253)583-8803 ktarin@pc3connect.org

Articulation Agreements are available on our website: www.pc3connect.org under the 'Dual Credit Program' Tab on main page.