

Running Start (RS) Course Approval Form

Community College System of New Hampshire

To be completed by the high school:

High School: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Principal or CTE Director: _____ E-Mail: _____

RS Faculty Contact (eg. Dept Chair) _____

E-mail: _____ Phone: _____

Course Number and Title (See CCSNH Catalog): _____

Start Date: _____ End Date: _____

Projected Enrollment: _____

RS High School Faculty Partner: _____ Signature: _____

Phone: _____ E-mail: _____

Principal's/CTE Director's Signature: _____

Comments:

To be completed by the Running Start Coordinator: Betsy Stull 603-206-8016 estull@ccsnh.edu

CCSNH Course, Title, Number: _____

CRN# to be assigned

Faculty Certification approved by: Dept Chair and Academic Affairs

Resume and transcripts attached? ☐ Yes ☐ No These documents are on file at MCC.

Vice President of Academic Affairs – Dr. John Cook

Department Chair—

Name of Main Campus Facility: Manchester Community College, 1066 Front St., Manchester, NH 03102

CCSNH Faculty Partner: _____ Phone: _____

E-mail: _____