



**Early College
Programs**
Fall 2025

**On-Campus Courses
Partnering High School
Faculty Credentialed
Instructor**

This form is for requesting courses being offered ON-CAMPUS/TRADITIONAL taught by faculty credentialed instructors at the partnering high school.

Please have this form submitted by August 1 for the Fall 2025 semester.

High School:		Counselor/Contact:	
FALL SEMESTER 2025			
Course Name	Faculty Credentialed Instructor (Full Name)	Meeting Time (Example: 9:00-9:50AM)	

*If school uses block scheduling, please include *Block 1, Block 2, etc.* in Meeting Time column.

Counselor _____ **Date** _____
(Signature)