



Early College New Course Approval Form

School _____

School Address _____

College course being submitted for approval. Leave blank if unknown.

Course Prefix/Number _____

Course Title _____

Please indicate name of equivalent high school course (if different than above):

Total number of contact hours: Lecture: _____ Lab _____

School Administrator Signature

Date

Please submit this completed form along with supporting documentation (i.e. course description with syllabi and learning outcomes, etc.) to George Fox University Early College Office by email: maugustin@georgefox.edu.

George Fox University will review documentation to ensure the dual credit course reflects the learning objectives, pedagogy and philosophy of the course offered on campus.

FOR GEORGE FOX UNIVERSITY USE

The course listed above is approved

for _____ credit hours _____

GFU Liaison Signature _____

Vice President Chief Strategy & Business Development Officer

Signature _____

Original: GFU Early College Office

Copies: High School Administration