



Project Running Start

2009/2010 Course Approval Form

Community College System of New Hampshire



College Campus: Lakes Region Community College

RS Coordinator _____

To Be Completed by High School:

High School: _____ Date: _____

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

Phone: _____ Fax: _____ Principal Name: _____

Principal Signature: _____ Email: _____

CCSNH Course Number & Title: _____

Start Date: _____ End Date: _____ Class Time(s): _____

Projected Enrollment: _____ **** If less than 4, please attach written waiver letter for college to consider consent.

RS Teacher: _____ High School Liaison: _____

Teacher's signature: _____ Liaison's signature: _____

Teacher's E-mail: _____ Liaison's email: _____

Resume & Transcripts attached? Yes _____ No _____ Already on file at college _____

College Syllabus attached? Yes _____ No _____ **2 assessments attached: ie: exams, projects?** Yes _____ No _____

Course Calendar/Schedule attached? Yes _____ No _____

Are there any high school pre-requisites for this Running Start class? Yes _____ No _____

If yes, please list them here: _____

Submit to LRCC 4 weeks prior to class start date.

To be completed by the CCSNH College campus:

CCSNH Course Number & Title: _____ Credit hours: _____

Faculty Certification approved by: _____ CRN _____

College Faculty Partner: _____ Phone: _____ E-mail: _____

Authorizing signatures: **Override College Pre-req? Yes No Not Applicable**

Faculty Partner

Department Chair

VP of Academic Affairs