



## New Discovery Academy Course Request Form

Please submit the following information to help initiate a new Discovery Academy (concurrent enrollment) course. Form and completed teacher application must be submitted by March 1 for courses starting the next academic year.

<b>Today's Date:</b>	
<b>Name of School District and ISD number:</b>  <b>Type of academic year:</b> <input type="checkbox"/> Quarters <input type="checkbox"/> Trimesters <input type="checkbox"/> Semesters <input type="checkbox"/> Other (Type: _____)  <b>Who will teach the course?</b> <input type="checkbox"/> One of our High School Teachers <input type="checkbox"/> SCTCC Faculty <input type="checkbox"/> Unsure	<b>Name of High School Teacher:</b>  <b>Email address:</b>  <b>Telephone:</b>  <b>High School Teacher Application:</b> <input type="checkbox"/> Attached <input type="checkbox"/> Already Submitted to SCTCC
<b>SCTCC Course Number and Title:</b>  <b>Number of Credits:</b>	
<b>High School Course Information:</b>	
<b>Name of High School Course:</b>	
<b>Number of Credits:</b>  <b>Approximate number of instructional hours:</b>	<b>Course Start Date(s):</b>  <b>Course End Date(s):</b>
<b>Length of Course</b> <input type="checkbox"/> Year long <input type="checkbox"/> One Semester <input type="checkbox"/> Other: (Specify)	
<b>Has this course been offered at your high school via concurrent enrollment previously?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "yes", with which college(s)?</b>	
<b>Principal's Name (printed):</b>	
<b>Phone Number:</b>  <b>Email:</b>	

Principal's Signature

Date

**Return Form and Teach Application to:**  
 St. Cloud Technical & Community College | Attn. Susan Jordahl  
 1450 Northway Drive | St. Cloud, MN 56303  
 E: susan.jordahl@sctcc.edu | T: 320.308.5908