2024-2025
Klamath Community College
Dual Credit Class Building Information Request Form

Please fill out one of these for each Dual Credit Course you are teaching this year

DC Instructor Name: _____

High School: _____

Dual Credit Course: _____ Dual Credit Course Lab _____
<div align="center">(if applicable)</div>

High School Course Name: _____

If teaching the class multiple times please list all times in the additional space provided when you teach this course. In addition, you may list Period No.

Dates and Time/s teaching Dual Credit course

Start Date: _____   End Date: _____

Room Number: _____

Days of the week: _____   Days of the week: _____

Period No: _____   Period No: _____

Time of Day: _____   Time of Day: _____

_____

Days of the week: _____   Days of the week: _____

Period No: _____   Period No: _____

Time of Day: _____   Time of Day: _____

_____

For Director of Accelerated Learning Use Only

Dual Credit Sponsored Course: Yes _____   No _____

Check the KCC Term: Fall _____ Winter _____   Spring _____

Dual Credit Course Built: _____ _____

Dual Credit Course Lab (if applicable) Built: _____