



2026-2027

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 \_\_\_\_\_  
(if applicable)

High School Course Name: \_\_\_\_\_

If teaching the class multiple times please list all times in the additional space provided when you teach this course. Please include class period number

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: \_\_\_\_\_

Accelerated Learning Department 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: \_\_\_\_\_