This form must be filled out completely and a separate form must be submitted for each course requested.

Name of High School_______________________________

Title of High School Course ________________________________________________________________

Title of Equivalent Minnesota West Course _____________________________________________________

Name of High School Teacher who will teach the course ____________________________________________

Length of Course (check one): Year Long_______ One Semester _______ Other (specify): _______________

Date Course Starts_____________________ Date Course Ends _______________________________________

High School Teacher’s Contact Information

Email: _____________________________________

Phone: ____________________________________

High School Teacher’s Signature ___________________________

High School Principal’s Signature ________________________

Please attach high school instructor’s transcripts to be reviewed for credentialing purposes.

Return Form and Transcripts to:
Minnesota West Community & Technical College
Attn: Kayla Westra
1450 College Way, Worthington, MN 56187
507-372-3435
Kayla.westra@mnwest.edu

For Office Use Only

Course Approved: _____________________ Date: ____________________

Syllabus Approved: ___________________ Date: ____________________

Faculty Mentor: ________________________