

**REQUEST FOR
TRANSCRIPTED COURSE
AGREEMENT**

For consideration for the following school year, this form must be
returned by: May 1,
To: Nikki Kiss or Sara Greenwood, LTC

HIGH SCHOOL REQUEST FOR TRANSCRIPTED CREDIT CONSIDERATION

DATE: _____

Transcribed Course Agreement Checklist

Transcribed Course - Curriculum Sharing (Dual Credit)

High School: _____

LTC Course Title: _____ Credits _____

High School Teacher Name _____

Phone: _____ Email: _____

- Y N The high school has the current competency-based curriculum materials for the course including tools for student evaluation of the course at the high school
- Y N High school teachers certification requirements are met and on file in LTC's Human Resource Office in accordance with TCS 3.03(9)(b) The high school instructor must submit a completed LTC Employment/Certification Application form and a copy of a valid Wisconsin Department of Public Instruction license to determine certification availability (A Master's Degree is required for General Education courses)
- Y N Agrees that the transcribed course will be taught following the LTC curriculum, to include competencies, objectives, equivalent textbook, assessment criteria and conditions of the competencies, and grading policy
- Y N The high school teacher is willing to periodically discuss with the LTC instructor course related issues and recommendations for improvements
- Y N Verify that adequate classroom and other facilities needed for the course are available

To be completed by LTC Faculty (content area curriculum specialist) and returned to Nikki Kiss or Sara Greenwood within two weeks from the above date

Do you approve the course for a Transcribed courses agreement with LTC? _____ Yes _____ No

Explanation: _____

LTC FACULTY SIGNATURE

DATE