



SANTA BARBARA CITY COLLEGE

For SBCC use only:

SBCC Department Chair Signature Date

SBCC Dean Signature Date

CRN #: _____

Request for Santa Barbara City College Credit Course

Please circle one: New Course Request or Course Renewal

High School: _____

SBCC Course Requested (Name & Number): _____

Days course is to be taught: _____ Hours: _____ Room: _____

Course Beginning Date: _____ Course Ending Date: _____

Semester course is to be taught (circle one): Fall Spring Summer Year _____

(Note: SBCC course can coincide with high school calendar)

High School Equivalent Course (Name & Number) if applicable: _____

Expected enrolled: _____

(Note: SBCC must have enrollment of 20 to offer dual credit, if SBCC is paying the instructor's salary)

Do you want one of your high school teachers to teach the course? Yes No

If "yes", please print the following teacher information:

- Name: _____
Email: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Does the teacher possess a master's degree in the subject area? Yes No

Do you want an SBCC instructor to teach this course? Yes No

Would you like this to be a permanent course offering at your school? Yes No Maybe

Are you requesting a particular SBCC instructor?

- Name: _____

High School Approvals:

Principal Signature Date

HS Teacher or SBCC Teacher Date

HS Department Chair or ROP Director Date

HS Counselor Date
(Only for Personal Development Classes)

Please return form to the:

Dual Enrollment Program, Santa Barbara City College, 721 Cliff Drive, Santa Barbara, CA 93109