



# College NOW/Transfer HIGH SCHOOL TEACHER APPROVAL REPORT

Department: \_\_\_\_\_ Dept. Chair Name: \_\_\_\_\_

High School Teacher Name: \_\_\_\_\_

High School	Course Name	Approved	Date Approved
_____	_____	_____	_____
_____	_____	_____	_____

Approval granted for all courses based on meeting minimum qualifications required by OAR [715-017-0005](#). (Appropriate documentation showing college course work, work experience and degree attached or previously provided to my department)

**Transfer:** Master's degree in the content area

Provisional Approval (approved through one of the following)

**College Now/Transfer:**

Bachelor's degree in the course content area and a Master's degree in any discipline and professional experience teaching at College level in the content area; or

Lack a Master's degree in the content area but have a bachelor's degree plus 15 credits of graduate-level coursework in the content area.

Alternative Approval through Cascades Commitment Summer Workshop and Professional Learning Community participation

Approval denied for this instructor to teach the indicated courses for these reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructional Dean or Vice

President for Instruction Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COCC Faculty Mentor Assigned: _____ (FT Faculty or Adjunct Faculty 3+ years)
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