



College NOW TEACHER APPROVAL REQUEST

Full Legal Name _____ Date _____

Address _____ Date of Birth _____

High School _____

Phone Number _____ Email _____

Have you ever taken a class through COCC (Credit or Community Learning)? _____

I request approval to articulate the following course(s) via the College Now program:

High School Course	COCC Course	Articulation Start Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:

Associates _____
College/year received _____

Bachelors _____
College/year received _____

Masters _____
College/year received _____

Other Endorsements/Licenses (if applicable):

Relevant College Level Coursework Taught (if applicable):

Dates	Institution	Course(s)
_____	_____	_____

Cascades Commitment Participation (if applicable):

Dates	Course(s)
_____	_____

Attach an unofficial copy of your transcripts, resume, and syllabus to this form.

Send all documents to:

collegenow@cocc.edu (preferred) or

College Now Office

Central Oregon Community College

2600 NW College Way, Bend, OR 97703

Phone: (541) 504-2930