



College NOW/Transfer HIGH SCHOOL TEACHER APPROVAL REPORT

Department: _____

Dept. Chair Name: _____

High School Teacher Name: _____

High School	Course Name	Approved	Date Approved
		<input type="checkbox"/>	_____
		<input type="checkbox"/>	_____

- Approval granted for all courses based on meeting minimum qualifications required by OAR 589-007-0200. (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)

Please return to the College Now office within ten working days.