



TEACHER APPROVAL REQUEST

Full Legal Name _____ Date _____

Address _____ Date of Birth _____

Social Security No. _____ High School _____

Phone Number _____ Email _____

Have you ever taken any classes (Credit or Community Learning) at COCC? _____

I request approval to articulate the following classes for the College Now program:

Table with 3 columns: COCC COURSE NO., COCC COURSE NAME, ARTICULATION START DATE

LIST DEGREES

Associates
College/year received _____

Bachelors
College/year received _____

Masters
College/year received _____

LIST OTHER ENDORSEMENTS / LICENSES AND DATES

LIST RELEVANT COLLEGE-LEVEL COURSES TAUGHT

Table with 3 columns: Dates, Institution, Courses Taught

LIST CASCADES COMMITMENT PARTICIPATION

Table with 2 columns: 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