



College NOW 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, Community Learning) at COCC? _____

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

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

Dates	Institution	Courses Taught
_____	_____	_____
_____	_____	_____

LIST CASCADES COMMITMENT PARTICIPATION

Dates	Course(s)
_____	_____
_____	_____

Attach an unofficial copy of your transcripts and a resume to this form. Send all documents to:

Debbie Hagan – dhagan@cocc.edu or
College Now Office
Central Oregon Community College
2600 NW College Way, Bend, OR 97703
Phone: (541) 504-2930 / Fax (541) 317-3071