



CTE DUAL CREDIT 2022-2023 Teacher Verification Form

Return to WVC by 11-01-22

To be completed EVERY SCHOOL YEAR by High School faculty members teaching Dual Credit eligible courses.

Teacher Name: _____
(First) (Last)

High School: _____ District: _____

High School Address: _____

Phone: () _____ Extension: _____

Email: _____

Alternate Contact Information: Phone: () _____ Email: _____

This information will ONLY be used to contact you if student grades are not entered in the online registration system by June 16, 2023

I certify that in 2022 - 2023 I will teach high school courses that meet 100% of the competencies outlined in the articulation agreement with WVC. If you articulate with more than 3 WVC courses, please complete an additional teacher verification form. Refer to website for articulations listed by school (www.wvc.edu/CTEDualCredit)

College Course Name & Course Number _____

List high school course or sequence of courses required for meeting 100% of competencies:

(HS Class 1 Name) _____

Class Completion Date: _____

High School Class Credits (#) _____

**This is the same information as last year
Year-long course**

College Course Name & Course Number _____

List high school course or sequence of courses required for meeting 100% of competencies:

(HS Class 2 Name) _____

Class Completion Date: _____

High School Class Credits (#) _____

**This is the same information as last year
Year-long course**

College Course Name & Course Number _____

List high school course or sequence of courses required for meeting 100% of competencies:

(HS Class 3 Name) _____

Class Completion Date: _____

High School Class Credits (#) _____

**This is the same information as last year
Year-long course**



By signing this form I understand that I am responsible for the following:

- Teaching 100% of competencies outlined in the articulation agreements
- Informing students of the Dual Credit opportunity
- Submitting grades into the online registration system by June 16, 2023

Teacher Signature _____

Date _____

Career & Technical Education Director Signature _____

Date _____

Return form to: Wenatchee Valley College
Attn: CTE Dual Credit
Concurrent Enrollment Office, Wells 1070
1300 Fifth Street Wenatchee, WA 98801
CTEDualCredit@wvc.edu / (509) 682-6849

Information including: registration instructions, articulation request instructions, competencies and articulations listed by school are posted on our website: www.wvc.edu/CTEDualCredit