**!**

**Return to WVC by 11-01-19**

**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 15, 2020

Teacher Signature Date Career & Technical Education Director Signature Date

I certify that in 2019-2020 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 2 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** |
| 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** |

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|  |  |
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|  | **This is the same information as last year** |
| 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** |

**CTE DUAL CREDIT 2019-2020 Teacher Verification Form**

Return form to: Wenatchee Valley College

Attn: Dianna Howell

Instruction Office, Wells 1070

1300 Fifth Street

Wenatchee, WA 98801

dhowell@wvc.edu / (509) 682-6603

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

**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 15, 2020*