

CTE DUAL CREDIT 2020 - 2021 Teacher Verification Form

Return to PC3 by Oct. 31, 2020

Teacher:		First Name		
High School:		District:		
High School Address:	Street	City	Zip Code	
Phone:	Ext.:	E-mail Addre	ess:	
Alternate Contact Informa	ation			
Phone:			ered in the online registration s	<u>-</u>

I certify that in 2020-2021 I will teach high school courses that meet 80% of the competencies outlined in the following articulation agreer	nents:			
Dual Credit Articulation Agreement Title:				
List high school course or sequence of courses required for meeting 80% of competencies (HS course name must match course name on HS transcript):				
HS Class 1 Name:	$_$ One Semester/Trimester \square Year Long \square			
HS Class 2 Name:	_ One Semester/Trimester □ Year Long □ □ This is the same information as last year.			
Dual Credit Articulation Agreement Title:				
List high school course or sequence of courses required for meeting 80% of competencies (HS course name must match course name on HS transcript):				
HS Class 1 Name:	_ One Semester/Trimester □ Year Long □			
HS Class 2 Name:	_ One Semester/Trimester ☐ Year Long ☐ ☐ This is the same information as last year.			



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

- Teaching 80% of competencies outlined in the articulation agreements
- Informing students of the CTE Dual Credit opportunity
- Submitting grades into the online registration system by June 30, 2021

eacher Signature	Click here to enter a date. Date
	Click here to enter a date.
Career & Technical Education Director Signature	 Date

Return Form to: Pierce County Careers Connection

Georgia Elgar

4500 Steilacoom Blvd. SW, Lakewood, WA 98499

To expedite, scan and send via e-mail to gelgar@pc3connect.org and mail originals.

Point of Contact: Georgia Elgar, dual-credit program specialist 3

(253)583-8803 / gelgar@pc3connect.org

Articulation Agreements are available on our website: www.pc3connect.org