

CTE DUAL CREDIT 2020-2021 Teacher Verification Form

Return to WVC by 11-01-20

Teacher Name:	,
(First)	(Last)
High School:	District:
High School Address:	
Phone: ()	_Extension:
Email:	

I certify that in 2020 - 2021 I will teach high school courses that meet 100% of the competencies outlined in the 3 WVC courses, please complete an additional teacher verification form. Refer to website for articulations list	
College Course Name & Course Number List high school course or sequence of courses required for meeting 100% of competencies: (HS Class 1 Name)	
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
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



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, 2021

Teacher Signature Date Career & Technical Education Director Signature Date

Return form to: Wenatchee Valley College

Attn: Riva Morgan

Instruction Office, Wells 1070

1300 Fifth Street Wenatchee, WA 98801

rmorgan@wvc.edu / (509) 682-6847

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