

**Pacific NW College Credit
TEACHER VERIFICATION FORM**



Teacher Articulation Assignment/s for
High School in the _____ School District

Teacher Name:

E-mail:

Phone:

Alternative Phone:

<u>HS Class</u>	<u>Articulation Name</u>	<u>College</u>	<u>College Course</u>	<u>Course Number</u>	<u>Credits</u>

By signing this form, I understand that I am agreeing to all requirements as outlined in the articulation agreement. This includes:

- Teach the high school course/s to meet 100% of the college course competencies outlined in the articulation agreement/s listed above
- Sharing the opportunity to earn dual credit through the CTE Dual Credit program with your current students
- Grading all registered CTE Dual Credit students on or before date that grades are due to my district

Signatures Required:

Teacher Signature

Date

CTE Director Signature

Date

Return form to: PNW College Credit
C/O Bellevue College MS N-215E
3000 Landerholm Circle SE
Bellevue, WA 98007
Phone: 425.564.6158 Email: Info@PNWCollegeCredit.org