

**RUNNING START (RS)
COURSE APPROVAL FORM**

Community College System of New Hampshire

CCSNH Running Start Coordinator: Jody Camille, jcamille@ccsnh.edu (603)752-1113 x.2131

To be completed by the high school:

High School: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Principal/Vocational Director: _____ E-mail _____

RS High School Faculty Contact: _____

E-mail: _____ Phone: _____

Course number and title (See WMCC catalog): _____

Start Date: _____ End Date: _____

Projected Enrollment: _____

RS High School Faculty Partner: _____

Signature: _____

Phone: _____ E-mail: _____

Principal's Signature: _____

Vocational Director's Signature: _____

Comments: _____

To be completed by Running Start Coordinator:

WMCC Course Number and Title: _____ CRN: _____

Adjunct Comments: _____

Faculty Certification approved by: **Frank Clulow, Vice President of Academic Affairs**

Resume and Transcripts attached? / / Yes / / No

Vice President of Academic Affairs

Department Chairperson

WMCC Partner

Phone: **(603) 752-1113** E-Mail _____