

PROJECT RUNNING START (PRS) COURSE APPROVAL (FORM B)

NHTI, Concord's Community College

CCSNH Project Running Start Coordinator:

To be completed by the high school:

High School: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Principal: _____ E-mail: _____

PRS Faculty Contact: _____

E-mail: _____ Phone: _____

Course number and title (see college catalog): _____

Start Date: _____ End Date: _____

Projected enrollment: _____

PRS High School Faculty Partner: _____ Signature: _____

Phone: _____ E-mail: _____

Principal's Signature: _____

Comments: _____

To be completed by Project Running Start Coordinator:

CCSNH Course, title, number: _____

CRN: _____

Comments: _____

Faculty Certification approved by: _____

Joyce Miles, Assoc. VP Academic Affairs

Resume and transcripts attached? Yes No

Vice President of Academic Affairs

Department Chair

Name of main campus facility: _____

Partner: _____ Phone: _____

E-mail: _____ **WHITE** - PRS Coordinator **CANARY** - High School
PINK - VP Academic Affairs **GOLD** - NHCTCS Faculty Partner