REQUEST FOR ADVANCED STANDING

For consideration for the following school year, this form must be returned by: May 1,
To: Nikki Kiss or Sara Greenwood, LTC

HIGH SCHOOL REQUEST FOR CURRICULUM REVIEW DATE: _____

To be completed by High School Teacher

High School: _____

High School Course Title: _____

Discipline: _____

High School Teacher Name

_____

Phone: _____ Email: _____

To be completed by LTC Faculty (content area curriculum specialist) and returned to Nikki Kiss or Sara Greenwood within two weeks from the above date

Reviewed by: _____

Do you approve the high school course for advanced standing with:

_____ _____ _____
LTC Course Title LTC State Course Number Credits

Yes: _____ No: _____ If **no**, please share what changes need to be made to the high school course in the space below.

_____ _____
LTC Faculty Reviewer's Signature Date

Changes needed to be made in order to have an advanced standing agreement:

_____
_____
_____
_____
_____
_____
_____
_____