



## Tohono O'odham Community College Dual Enrollment Instructor Recommendation Form

### To Be Completed By The Student:

<b>Full Name:</b>		<b>School:</b>
<b>Date of Birth:</b>	<b>SID:</b>	<b>Phone:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Email Address:</b>		
<b>Signature:</b>		<b>Date:</b>

### To Be Completed By The Instructor:

<b>Instructor Name:</b>			
<input type="checkbox"/> <b>Adding Course</b> (Please Check)			
<b>Course Name:</b>	<b>Course Number:</b>	<b>Class Times:</b>	<b>Class Days:</b>
<p>*Instructor Recommendation for a student seeking Dual Enrollment will require extra documents to assess student's academic performance. If you are recommending a student be enrolled to your course, please check the appropriate document that you have reviewed to assist with recommendation.</p> <p><input type="checkbox"/> Student High School Transcript  <input type="checkbox"/> ACT/SAT Scores  <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> I have reviewed the supporting documents as outlined above and have made the recommendation to add _____ to my course. I understand that by signing below, dually enrolled students agree to the curriculum and academic rigor associated with taking a college level course and I have communicated this with my enrolled student.</p>			
_____		_____	
Instructor Signature		Date	