CTE	To be completed EVERY SCHOOL YEAR by High School faculty members teaching Dual Credit eligible courses	
Dual Credit	Teacher Name:	,(Last)
	High School:	District:
CTE DVAL		
CREDIT		
2018-2019	Phone: ()	Extension:
Teacher	Email:	
<b>Verification Form</b>	Alternate Contact Information: Phone (	)
	This information will ONLY be used to contact you if st	udent grades are not entered in the online registration system by June 21, 2019
**Return to WVC by 11-01-18	Please send original, completed	d form to WVC Office by: November 1, 2018
I certify that in 2018-19 I will teach high school courses that meet 100% of the competencies outlined in the articulation agreement with WVC. Refer to website for articulations listed by school (www.ctesers.org) College Course Name & Course Number		
List high school course or sequence of courses required for meeting 100% of competencies:		
(HS Class 1 Name:)	•	Year long course: Ves No
(HS Class 2 Name:)		Year long course: 🛛 Yes 🛛 No
· · · · · · · · · · · · · · · · · · ·		☐ This is the same information as last year
College Course Name & Course Number:		
List high school course or sequence of courses required for meet	ting 100% of competencies:	
(HS Class 1 Name:)		Year long course: Ves No
(HS Class 2 Name:)		Year long course: 🗆 Yes 🛛 No
		☐ This is the same information as last year
By signing this form I understand that I am • Teaching 100% of competencies out • Informing students of the Dual Cred • Submitting grades into the online reg	lined in the articulation agreements lit opportunity	Return Form to: Wenatchee Valley College Attn: Dianna Howell Instruction Office, Wells Hall 1070 1300 Fifth Street Wenatchee, WA 98801
Taashaa Qiseatura		dhowell@wvc.edu/(509) 682-6603
Teacher Signature	Date	Information including: registration instructions, articulation
Career & Technical Education Director Signature	Date	request instructions, competencies and articulations listed by school are posted on our website: <u>https://www.ctesers.org/</u>