DUAL CREDIT SPONSOR COURSE ASSEMBLY REQUEST

Course Term: ________________________________
Course Name: ________________________________
Course Number (ACCD): ________________________________
Course Number (HS): ________________________________
Preferred College: ________________________________
Preferred Offering Method       In Person   On Line   Hybrid
Preferred Day: ________________________________
Preferred Time: ________________________________
Sponsor Printed Name: ________________________________
Sponsor Signature: ________________________________
Signer Capacity if Entity: ________________________________
Sponsor Email Address: ________________________________
Sponsor Mail Address: ________________________________
Sponsor Telephone: ________________________________

Email form to:   Lenny Arredondo, Northwest Vista College, lguillen@alamo.edu
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                 Ray Hernandez, San Antonio College; rhernandez660@alamo.edu
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Copy form to:     Kristi Booth; kbooth@alamo.edu