



**LOYOLA
UNIVERSITY
CHICAGO**

Preparing people to lead extraordinary lives

**DUAL CREDIT PROGRAM
COURSE REVIEW FORM**

Instructor Name: _____

Partner High School and Department: _____

List below the courses you are requesting to offer and the semester in which they are to be offered.

Loyola Subject and Course #	Title	Semester

Signatures:

_____ Date _____
High School Adjunct Instructor

_____ Date _____
High School Principal

Signature of Loyola University Chicago Liaison Office indicates course approval for semesters specified above.

_____ Date _____
Dual Credit Program Liaison Officer

Submit this completed form and course syllabus to the Dual Credit Program Liaison Officer.