**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**

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**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:  _______________________________

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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:

<table>
<thead>
<tr>
<th>LTC Course Title</th>
<th>LTC State Course Number</th>
<th>Credits</th>
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<tbody>
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Yes: __________ No: _______________ If no, please share what changes need to be made to the high school course in the space below.

________________________________________________________________________________
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LTC Faculty Reviewer’s Signature ______________________ Date ____________

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

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________________________________________________________________________________
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