

CGCC COLLEGE NOW INQUIRY FORM

please submit form and documents to collegenow@cgcc.edu

Full Legal Name:		Date:
Address:		Date of Birth:
High School:		
Phone Number:	Email:	
I request approval to artic	culate the following course(s) via	a the College Now program:
High School Course	CGCC Course	Anticipated Start Date
		
Have you taught a dual c	redit course before? When and wh	ere?
Do you have a preferred	CGCC faculty mentor?	
Please include the fol	lowing documents with	
this form:		
resume		
unoffical transcripts	5	