UNIVERSITY of WISCONSIN
GREEN BAY

College Credit in High School (CCIHS) – Instructor Checklist

1. __CCIHS Student Preparation__ *(Spring / beginning of school year)*

☐ SHARING THE CCIHS OPPORTUNITY – Reference separate document to for an outline of the information to share to help students learn the benefits of taking a CCIHS course and the tasks they need to complete.

☐ COURSE DROP/WITHDRAWAL – Students will need to know decision-making deadlines:
- Student will have <u>one week after the SOAR visit</u> to make a final decision to take the course for credit. This includes that the student completed the online application and the paper registration form during the SOAR visit. It also allows time for students to check on how credits will transfer if they are looking at a private/out-of-state college.

  DECISION DATE: _____

- After a student is registered (class roster is verified) and a student decides they do not want to finish the course for credit, they will need to submit a request to drop the course.

  DROP DATE: _____
  (this date will be provided during the SOAR visit)
  Student is obligated to pay the tuition and their student record will show they dropped the course.

2. __CCIHS Instructor Preparation__ *(at beginning of school year)*

☐ Submit CCIHS Department with course information *(e-form provided)*   Date Complete: _____

☐ Assist students with application process *(preferably completed prior to the SOAR visit)*

☐ SOAR Visit arranged w/ CCIHS Rep:_____   Date of Visit: _____

☐ Verify Class Roster after Student Registration   Date Complete: _____

☐ Sign and return Appointment Letter   Date Complete: _____

☐ Approved Course Syllabus submitted to CCIHS department   Date Complete: _____
    (to include UWGB course no., your name, high school and academic year.)

3. __CCIHS Instructor Items to Complete__ *(prior to the end of your course)*

☐ Faculty Observation with Liaison *(complete by **5/14/21**)*   Date Complete: _____

☐ Professional Development with Liaison approval *(complete by **5/14/21**)*   Date Complete: _____

☐ Students Completed Course Evaluation *(link provided by CCIHS Dept.)*   Date Complete: _____

☐ Final Exam/Assessment Submitted to CCIHS Dept.   Date Complete: _____

☐ Grades submitted to CCIHS Dept. to be entered *(after course ends)*   Date Complete: _____

Thank you for your time, work and support!