

**RUNNING START (RS)
COURSE APPROVAL FORM**

White Mountains Community College (WMCC)
Community College System of New Hampshire

CCSNH Running Start Coordinator: Jody Camille, jcamille@ccsnh.edu (603)752-1113 x 3019

To be completed by the high school:

High School: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Principal/Vocational Director: _____ **E-mail:** _____

RS High School Faculty Contact: _____

E-mail: _____ Phone: _____

Course number and title (See WMCC catalog): _____

Start Date (mmddyy): _____ End Date (mmddyy): _____

Class Period Beginning Time: _____ Ending Time: _____

Projected Enrollment: _____

RS High School Faculty Partner: _____

Signature: _____

Phone: _____ E-mail: _____

Principal/Vocational Director Signature: _____

Comments: _____

To be completed by Running Start Coordinator:

WMCC Course Number and Title: _____ CRN: _____

Adjunct Comments: _____

Faculty Certification approved by: **Frank Clulow, Vice President of Academic Affairs**

Vice President of Academic Affairs

Department Chairperson

WMCC Partner

(603) 752-1113 x _____
Phone:

@ccsnh.edu _____
E-Mail