



# College *in the* High School

## COLLEGE IN THE HIGH SCHOOL 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.

Gonzaga Subject and Course #	Title	Semester

### Signatures:

High School CHS Instructor

Date

High School Academic Vice Principal

Date

Submit this completed form and course syllabus to Dr. Christina Isabelli, CHS Program Faculty Coordinator at [isabelli@gonzaga.edu](mailto:isabelli@gonzaga.edu).