



CAP Course Request Form

To be completed by high school representative:

High School _____

Course Title and Number _____

Semester course would first be offered _____

Rationale for offering the above course as a CAP class

To be completed by the college:

_____ Approved _____ Not Approved

Additional Course Requirements

Approval:

_____ Date _____

Division Coordinator

_____ Date _____

Early College Pathways Coordinator

If course is not approved, rationale:
