***Dual Credit Notification of Activity***

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| --- | --- |
| **Date** |  |
| **Institution** |  |
| **Dual Credit Contact Information** |  |
| **Region and/or Regions** |  |
| **Institutional Accreditor** |  |
| **Proposed Date of Enrollment** |  |
| **Proposed Activity in the State of Illinois (List all participating high schools with full addresses and description of delivery of the coursework, i.e., online, hybrid, face-to-face). Please also clarify who will be the instructors for these courses (high school qualified instructors vs. college professors).** |  |