
Name

High School

Phone Number

Concurrent Enrollment Course

Email

Date of Activity or Purchase*

**This proposal must be submitted to the Concurrent Enrollment Office three weeks prior to the date of purchase or activity.*

Proposal Details (i.e., description, approx. number of HSCE students involved, etc).

Learning Objective:

Cost Breakdown:		Additional Information
·	\$ _____	_____
·	\$ _____	_____
·	\$ _____	_____
·	\$ _____	_____
·	\$ _____	_____
·	\$ _____	_____
Total	\$ _____	_____

Instructor Signature

Date

Administrator Signature

Date