



**Concurrent Enrollment Program  
Course Schedule Submission Form**

High School: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Academic Year: \_\_\_\_\_

The course schedule submitted on this form must be approved by the Dean of the WU College of Arts & Sciences. All instructors must be approved to teach the proposed WU CEP course before the final schedule will be approved.

Course Title	WU Course Equivalent (if known)	High School Instructor	New Instructor?*(Y/N)	Term
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- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

\* Mark NO only if the instructor has taught this CEP course for WU before. If marking YES, please submit a **CEP INSTRUCTOR DATA SHEET** and TRANSCRIPTS for the proposed instructor.