

ADVANCED STANDING REQUEST INSTRUCTIONS

Use this form as a request:

- For a new agreement
- To review an existing articulated course due to significant changes
- To renew an existing agreement that has had no significant changes

The high school completes the top section only:

HIGH SCHOOL / DISTRICT INFORMATION

- Identify the high school and district making the request.
- Contact between instructors who teach the courses has proven to be the most efficient and successful way to compare courses. List the name of the high school instructor submitting the request as the request initiator, their email and phone number.
- If there is a district contact other than the instructor that the Gateway evaluator should contact, list that person's name, email and phone number.
- List any additional instructors who will be teaching the high school course as part of this request.

HIGH SCHOOL COURSE

- List only one course on each form unless two courses are needed to match the desired outcomes. Include the course title, course number, and high school credits.

GATEWAY COURSE

- Eighty percent commonality in outcomes is needed for a technical studies course to be considered for advanced standing. One-hundred percent is required for general studies courses. List the Gateway course that shares common outcomes with the high school course. Include the course title, course number, and college credits.

TYPE OF REQUEST

- Put a check by New Agreement for a previously expired agreement or if this is the first time that the high school course has been evaluated for an advanced standing agreement. Put a check by Review if this is an existing agreement that requires a review due to a significant change in either the Gateway or the high school course. All required materials need to be provided by the high school with the request.
- Put a check by Renew if this is an existing agreement which has expired, but there has been no change in the Gateway or the high school course since the initial agreement. The signature of the local consortium representative signature is required to verify that the high school course has not had any significant changes.

Submit the completed form with materials to the Gateway Office of PK-16 Relations. The form and materials will be forwarded to the appropriate Gateway faculty member, who will review and complete the bottom section of the form. After the dean has signed, the materials and copy of the request will be returned to the local consortium representative for your school/district.

ADVANCED STANDING REQUEST

HIGH SCHOOL / DISTRICT INFORMATION	
High School / District: _____	Date: _____
Request Initiator: _____ (Primary Instructor)	District Contact: _____ (If not instructor)
Email: _____	Email: _____
Phone: _____	Phone: _____
Additional Instructor(s): _____	
HIGH SCHOOL COURSE	GATEWAY COURSE
Course Title: _____	Course Title: _____
Course #: _____ Credit: _____ (1 course per form unless combining courses to equal a Gateway course)	Course #: _____ Credit: _____
Course Title: _____	Course Title: _____
Course #: _____ Credit: _____	Course #: _____ Credit: _____
TYPE OF REQUEST	
<input type="checkbox"/> NEW AGREEMENT or <input type="checkbox"/> REVIEW of an existing agreement – Course change at: <input type="checkbox"/> Gateway <input type="checkbox"/> High School	
The following materials are required:	
<input checked="" type="checkbox"/> Catalog Description	<input checked="" type="checkbox"/> Course Syllabus
<input checked="" type="checkbox"/> Final Exam	<input checked="" type="checkbox"/> Course Outline
<input checked="" type="checkbox"/> Textbook (title/publisher): _____	<input checked="" type="checkbox"/> Sample Tests
<input checked="" type="checkbox"/> Samples of A or B Student Work	
<input type="checkbox"/> RENEW an existing agreement – No Course Changes – No Review Needed	
The following verification is required:	
Local Consortium Representative Signature: _____ Date: _____	

REQUEST EVALUATION	
Request Evaluator: _____	
Email: _____	Phone: _____
Decision	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Standard Conditions – <i>Students must earn a grade of "B" (3.0) or better</i>	
<input type="checkbox"/> Other Conditions: _____	
<input type="checkbox"/> Denied (list all unmet competencies, recommendations or other rationale)	
_____ _____ _____	
Evaluator's Signature: _____ Date: _____	

Dean/Assoc. Dean Signature: _____ Date: _____

Effective Date: September _____ Expiration Date: August _____

Evaluator please forward to Dean/Assoc. Dean for signature. Dean please return to the Office of PK-16 Relations, Elkhorn Campus after signature.