

Return original copy to:
 Nebraska Department of Education
 Accreditation & School Improvement
 P.O. Box 94987
 Lincoln, NE 68509-4987

NDE 08-071
 New 7/15/2015
 Date Due: February 28
 FAX: (402) 471-8127

RULE 14
DUAL CREDIT – APPROVED SCHOOLS
2015-2016 School Year

Please submit this form for dual credit courses. Dual credit is academic credit awarded to high school students in either accredited or approved secondary schools both by the secondary school and a post-secondary school for essentially the same time and work requirements. Thus, students may simultaneously earn academic credit that may be applied both toward high school graduation requirements (or at least will be placed on their high school transcript), as well as applied toward graduation at post-secondary institutions (or at least will be placed on the post-secondary transcript).

(Please be reminded that teachers in dual credit courses must hold a valid Nebraska Teaching Certificate.)

County/District #:	Name of School :	Address:	City:	Zip Code:
Name of Head Administrator:		Name of College Awarding Credit:		

Course Name:	Course Code:	Meets Rule 14 Regulation #: 007.01C ____	Semester Code:	Grade Level(s):	Number of Students:
Teacher's Name:	Teacher Certificate Number:	Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session:	No. of Sessions Per Year:	

Course Name:	Course Code:	Meets Rule 14 Regulation #: 007.01C ____	Semester Code:	Grade Level(s):	Number of Students:
Teacher's Name:	Teacher Certificate Number:	Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session:	No. of Sessions Per Year:	

Course Name:	Course Code:	Meets Rule 14 Regulation #: 007.01C ____	Semester Code:	Grade Level(s):	Number of Students:
Teacher's Name:	Teacher Certificate Number:	Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session:	No. of Sessions Per Year:	

Course Name:	Course Code:	Meets Rule 14 Regulation #: 007.01C ____	Semester Code:	Grade Level(s):	Number of Students:
Teacher's Name:	Teacher Certificate Number:	Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minutes Per Session:	No. of Sessions Per Year:	

 Signature of Head Administrator

 Date

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Retain copy for School Files

Nonpublic Schools forward copy to
 Area or Diocesan Superintendent