Request for Curriculum Review Form
For Advanced Standing Courses

Date of Request: ______________________

High School: __________________________

Instructor Name: _______________________

Instructor Email: ________________________ Phone Number: _______________________

Discipline: ____________________________

High School Course Title: __________________

MSTC Course Title: _______________________ 

Course Length:  ❑ Semester  ❑ Year

Grade Level:  ❑ Junior  ❑ Senior

Please include the following and check those items attached:

❑ Textbook title/edition/publication date/author

❑ Specific competencies and general objectives taught

❑ Method(s) of evaluation or how mastery is determined

❑ Grading formula (i.e. tests = _____%; assignments = _____%)

❑ Course outline and syllabus

This form must be submitted by March 31st for consideration for the following school year.

Submit form to:

Xiong Vang, High School Career Coach
Mid-State Technical College
500 32nd Street North
Wisconsin Rapids, WI 54494

Or: xiong.vang@mstc.edu