The purpose of this form is to confirm that the prescribed set/s of competencies in the following course(s) are still relevant and that both institutions have reviewed them.

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| **Secondary Course** |  | **CC Course/Number** |  | **College Credits** |
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| Secondary School Instructional Faculty |  | Date |
|  |  |  |
| CC Instructional Faculty (Representative) |  | Date |

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| **Secondary Course** |  | **CC Course/Number** |  | **College Credits** |
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| Secondary School Instructional Faculty |  | Date |
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| CC Instructional Faculty (Representative) |  | Date |

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| **Secondary Course** |  | **CC Course/Number** |  | **College Credits** |
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| Secondary School Instructional Faculty |  | Date |
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| CC Instructional Faculty (Representative) |  | Date |

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| **Secondary Course** |  | **CC Course/Number** |  | **College Credits** |
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| Secondary School Instructional Faculty |  | Date |
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| CC Instructional Faculty (Representative) |  | Date |