

STUDENT INFORMATION:

Student Name:

DISTANCE LEARNING VIRTUAL COLLEGE OF TEXAS **AUSTIN COMMUNITY COLLEGE** VCT Host Request Form



Distance Learning • Austin Community College • Pinnacle Campus • 7748 Highway 290 West • Austin, Texas 78736 Phone: (512) 223.8026 • Toll-Free: 1.888.223.8026 • Fax: (512) 223.8988 • Email: dl@austincc.edu

REVIEW THE VCT HOST REQUEST PROCEDURE BEFORE COMPLETING THIS FORM: http://dl.austincc.edu/students/VCTStudent.php

PART I: STUDENT & VCT COURSE INFORMATION

PART I MUST BE COMPLETED BY THE STUDENT PRIOR TO SUBMITTING THE FORM TO THE ACC VCT COORDINATOR.

ACC Student ID #:

Address:		Email:			
		Phone #:			
		Date Form Submitt	ed:		
VCT COURSE INFORMATION					
VCT Provider College:	<u>-</u>	Instructor:			
Course Title:		Common Course #:			
Start Date:	End Date:	Last Date to Reserve:			
Credit Hours:	Lab Hours:	Course Format:	Online	Other:	
Reason for Request:					
PART II: VCT PROVIDER COLLEGE INFORMATION					
PART II IS COMPLETED BY THE ACC VCT COORDINATOR BEFORE SENDING TO THE ACC ACADEMIC DEPARTMENT ALONG WITH THE VCT COURSE SYLLABUS, COURSE DETAILS PAGE, AND INSTRUCTOR QUALIFICATIONS SUMMARY FOR CONSIDERATION.					
VCT Provider Coordinator:		Email:			
		Phone #:			
ACC VCT Coordinator Signature:		Date:			
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PART III: ACC ACADEMIC DEPARTMENT INFORMATION					
PART III IS COMPLETED BY THE ACC ACADEMIC DEPARTMENT BEFORE RETURNING TO THE ACC VCT COORDINATOR.					
VCT Host Request: Approved	Denied	Faculty Credentials	: Appro	ved De	nied
Reason (If Denied):		•			
Department Chair/Dean/Designee:		Date:			
					Form Revised 8/11/20