

University of Central Arkansas

Concurrent Enrollment Site Visit Report

Date: _____ Starting & Ending Time of Visit: _____
Department: _____ Department Liaison: _____
School: _____ Concurrent Enrollment Course: _____
Instructor: _____

- Observed instructor and students in class
- Participated in class (e.g. guest lecture, team teaching, etc.)
- Discussed progress of the class with students
- Discussed progress of the class with the instructor
- Discussed grading of student work with instructor
- Reviewed sample student work
- Other:

Is the concurrent enrollment instructor using an approved textbook? Yes No
Is the instructor following the approved course syllabus? Yes No
Is the course consistent with the on-campus version of this course Yes No

(Explain "No" responses in the comment section below.)

Comments and Observations: (use separate sheet if needed)

Recommendations: (us separate sheet if needed)

Instructor Signature Date

CEP Liaison Signature Date