

## **Dual Credit Instructor and Course Application**

High School:		
High School Address:		
City, State, Zip:		
School Website:		
High School Contact:	Titl	e:
Contact Email:		Phone #:
High School Dual Credit Course Instructor:		
Instructor Email:		Phone #:
Graduate Degree(s) Earned:		
Subjects:		
Undergraduate Degree(s) Earned:		
Subjects:		
Year(s) Teaching in Subject Area (High School/College):		
Years of Professional Experience in Subject Area:		
High School Dual Credit Course Name:		
Term(s) the course is offered:		
<ul><li>☐ Yearlong (two semesters)</li><li>☐ Fall (one semester)</li></ul>		Spring (one semester) Summer (one semester)
Seat hours per semester:		

To complete your dual credit application, please email this form and the following attachments to your CCU Academy Representative or <a href="mailto:dualcredit@ccu.edu">dualcredit@ccu.edu</a>.

- 1. Instructor's resume (include education background and related experience)
  - a. Preferred instructor credentials: master's degree in the subject area or master's degree with 18 graduate credit hours in the subject area
- 2. Instructor's unofficial transcripts for graduate and undergraduate programs
- 3. Course syllabus and assessments
- 4. High school profile