

Dual Credit Teacher Application

Full Name:			
Address:			
Phone Number:	Email:		
High School:	Birthdate:		
Desired Dual Credit course(s):			
Course Length: Fall Semester _	Spring Semester Year-	long	
Semester to begin Dual Credit course(s)	nester to begin Dual Credit course(s): Fall 20 Spring 20		
Education:			
College/University	Program of Study	Degree Earned	
	I	I	
List any other applicable credentials/ex	perience:		
	Vitae/Resume Colleg al Course syllabus (if applicable)	Vitae/Resume College Transcripts Course syllabus (if applicable)	
Send ALL forms to Early College Programs, Lev	wis-Clark State College, 500 8 th Ave, Lewiston,	ID 83501 or rwgill@lcsc.edu	
Teacher Signature:	Date: _	Date:	
Office Use Only			
Approved Denied Informa	ation needed:		