Dual Credit Program - High School Course Teacher Application & Memorandum of Understanding

SCHOOL INFORMATION
Name of High School: ___________________________________________________________________________
School Address: _____________________________________________________________________________
Contact Person: _____________________________________________________________________________
Contact’s Phone: __________________________ E-mail: ___________________________________________

INSTRUCTOR INFORMATION
Name: _____________________________________________ BSU ID: __________________________
Phone: __________________________ E-mail: ___________________________________________

COURSE INFORMATION
High School Course and/or Title _______________________________________________________________________
College Course and/or Title: _________________________________ Circle Course Delivery: Live Online
Course Meeting Times: _________________________________ Circle Course Days: M T W R F
Course Term Dates (beginning/end): _________________________________
Term: Full Year (August through May) Fall (August through December) Spring (January through May)
School Year (Start and End dates): _________________________________

SIGNATURES OF APPROVAL
Instructor: _____________________________________________ Date: __________________________
Principal: _____________________________________________ Date: __________________________
Superintendent: _____________________________________________ Date: __________________________

Return completed form to the Dual Credit office at dualcredit@bsu.edu. Questions? Call (765) 285-1581.
Teacher should also attach the following items: Resume/Vitae, Official College transcript, prospective syllabus and educational plan of study, if applicable.

Department Chairperson: _____________________________________________ Date: __________________________
College Dean: _____________________________________________ Date: __________________________
Dual Credit Program Director: _____________________________________________ Date: __________________________