



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: _____