



Teacher Application

Full Name: _____

Address: _____

Phone Number: _____ Email: _____

High School: _____ SSN or DOB: _____

Desired Dual Credit course(s): _____

Course Length: ___ Fall ___ Spring ___ Full Year

Semester to begin Dual Credit course(s): Fall 20 _____ Spring 20 _____

Education:

| College/University | Program of Study | Degree Earned |
|--------------------|------------------|---------------|
| | | |
| | | |
| | | |

List any other applicable coursework (or related experience): _____

Checklist: ___ Teacher Application ___ Vitae/Resume ___ College Transcripts ___ Course Syllabus
Send ALL forms to Early College Programs, Lewis-Clark State College, 500 8th Ave, Lewiston, ID 83501 or rwgill@lcsc.edu

Teacher Signature: _____ Date: _____

Office Use Only -----

___ Approved ___ Denied Information needed: _____