

## 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): Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_

Education:

College/University	Program of Study	Degree Earned

List any other applicable credentials/experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Checklist: \_\_\_\_\_ Teacher Application \_\_\_\_\_ Vitae/Resume \_\_\_\_\_ College Transcripts  
 \_\_\_\_\_ High School Approval \_\_\_\_\_ Course syllabus (if applicable)

Send ALL forms to Early College Programs, Lewis-Clark State College, 500 8<sup>th</sup> Ave, Lewiston, ID 83501 or [rwgill@lcsc.edu](mailto:rwgill@lcsc.edu)

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only** -----

\_\_\_\_ Approved \_\_\_\_ Denied Information needed: \_\_\_\_\_