



**Dual Credit Teacher Application**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ SSN or DOB: \_\_\_\_\_

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 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 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: \_\_\_\_\_