Southwest Baptist UNIVERSITY | Dual Credit

Onsite Dual Credit Instructor Application

Name of Applicant: _____

School: _____ Email: _____

School Address: _____ City: _____ State: _____ Zip: _____

Superintendent: _____ Principal: _____

Name and phone number of contact person: _____

Proposed Dual Credit Course

Please list the course name, number, a brief description, and beginning and ending dates of the proposed course.

Beginning Date of Course: _____ Ending Date of Course: _____

Please submit the following with this application:

- Credentials (resume and transcripts) of the applying course instructor.
- Course syllabus consisting of a course outline, objectives, and requirements, the name of the textbook.

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Initial	Approval	Dean	Division Head
	Approved		
	Not Approved		

Comments:

Dean Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Director of Dual Credit Signature: _____ Date: _____

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