



Dual Credit Instructor Approval Request

High School:					
BHS	BHHS	CHS	GBHS	MHS	
MPHS	NBHS	Pacific HS	Powers HS	RCCS	Other:
Name:		DOB:		SSN:	
Address:			City, State, Zip:		
Phone:		Email:			
Have you ever worked for SWOCC?				No	Yes
Current Position:					
Course(s) requesting to teach:					
Please list education background:					
School Name	Field of Study		Degree/Certificate	Date Completed	
Principal Signature:				Date	

Please return the completed request form with the following:

- Current resume or CV
- College Transcripts
- List of 500+ level courses completed relevant to the above request

OFFICE USE ONLY		
Department:		Dean: Winston Koopman Stone
Approved	Approved w/ Sponsor	Not Approved
Courses approved to teach:		Recommended Action: (Please list specifics to gain approval)
Faculty Signature:		
Dean Signature:		
VPI Signature:		

Updated 6/23/2021