

Application to Teach Dual Credit Courses College Credit Now!

Name: _____ School: _____
Social Security Number#: _____ School Phone #: _____
School Email: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City/State/Zip: _____
Other email: _____ Race (voluntary): _____

I request approval to teach the following classes in the dual credit program:

Chemeketa Course #: _____ Course Name: _____

My Education includes: AA Degree in _____ BA/BS Degree in _____
Masters Degree in _____
graduate hours in relevant subject area/s _____

Please list the following (NOTE: Use additional sheet if necessary. You **will** still need to include a copy of your transcript):

Graduate Course No.: _____ Course Name: _____ # of Hours: _____ Grade: _____

My relevant employment history for past 10 years (NOTE: Use additional sheet or backside if necessary):

Employer: _____ Position: _____ Teaching and/or Training: _____ Dates: _____

Attach a copy of your transcript/s on file with your district personnel department. FAX: 503-399-6979