

Idaho State
UNIVERSITY

Early College Program

High School Adjunct and Course Request Form

To be completed by high school instructor:

Date _____ High School _____

Instructor Name _____

High School Address _____

Phone _____ Fax _____

Instructor Email _____

ISU Academic Department _____

ISU course(s) requested _____

Semester and number of sections requested _____

Previously taught dual credit courses: ___ Yes ___ No

Courses Offered: _____ Institution: _____

High School Principal Signature _____

If first submission, please attach a curriculum vitae or resume, academic transcripts, letter of recommendation, and teaching philosophy in relation to course being requested.

High School instructor summer contact address and email:

Home Address _____

Phone _____ Email _____

Submit to:

Early College Program

921 S 8th Ave., Stop 8057

Pocatello, ID 83209-8057

(208) 282-2633

(208) 282-3677 (fax)

rauhchel@isu.edu