

**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 \_\_\_\_\_

---

**High School Principal Signature** \_\_\_\_\_

If first submission, please attach a curriculum vitae and academic transcripts. A letter of recommendation may also be submitted.

---

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) 282-6067  
(208) 282-3677 (fax)  
ecp@isu.edu