## REQUEST TO TEACH <u>DUAL CREDIT</u> COURSES THROUGH EASTERN OREGON UNIVERSITY

Name:					
Work Email Address:					
High School:  High School Mailing Address:					
Please check the following box(es) that apply:					
$\square$ I have taught successfully in the discipline or related subject area for three years and have a subject endorsement that aligns with the SDC class. My resume has been submitted.					
☐ I have a Master's degree and adequate undergraduate and graduate coursework in the discipline. I have submitted a copy of my <u>college transcripts</u> to <u>ep@eou.edu</u>					
☐ Or Completed at least 20 quarter graduate credit in subject area					
☐ Or Completed at least a total of 45 quarter graduate credits in education and subject area					
☐ AND have been approved by the PLC leader as meeting qualifications to teach an					
introductory college level course.  ☐ I have listed below, the courses I am seeking approval to teach for EOU Dual Credit.					
☐ I have listed below	w, the course	s I am seekin	ig approval to teac	th for EOU Dual Cre	edit.
EOU Course #		EOU Course Title		High School Class Title	
Applicant Signature		Date	Principal Sign	Signature Date	
EOU Program Faculty Signature		Date	EOU College	Dean Signature Date	

Contact Laurie Powell, <u>lpowell@eou.edu</u>, in the Eastern Promise office at EOU for assistance and help with your student application and registration process.