

## Request to Teach Dual Credit Courses Through Eastern Oregon University

Name:					
Work Email Address:					
High School:					
High School Mailing Address:					
Please submit this form along	g with a copy	of your college transcr	ipts and res	sume to: EOU Early	
College Initiatives eci@eou.e					
Please check the following	box(es) that	apply:			
☐ I have taught successfu subject endorsement the	•	*	for three y	vears and have a	
☐ My resume has been su	abmitted				
☐ My transcripts are attac	ched or have b	peen sent to eci@eou.eo	du		
☐ I have a Master's degreed discipline.		_		rsework in the	
☐ Or completed at least 2	20 guarter grad	duate credits in subject	area		
☐ I would like to teach a	•	,		dard for HS teaching)	
☐ I would like to teach a	•	`		0,	
i would like to teach a	Duai Ciedii C	ourse (credentials are ex	quivaient to	Conegrate faculty)	
EOU Course#	EC	EOU Course Title		High School Class Title	
Please fill out so we can place	e you in the co	orrect cohort and with t	he correct l	PLC leader.	
Applicant Signature	Date	Principal Sign	nature	Date	
EOU PLC Faculty Lead	Date	EOU College	EOU College Dean Signature Date		

Upon approval you will contact the Early College Initiatives office at EOU for next steps and assistance with your teacher partnership form, student applications and registration process.