



# Dual Enrollment: Course/Instructor Approval

(Please print in ink or type)

## SCHOOL INFORMATION

For Academic Year: \_\_\_\_\_ High School: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

Full-year course \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Fall semester course \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Spring semester course \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Class Level \_\_\_\_\_

### SCHOOL/DISTRICT APPROVAL: TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR DISTRICT ADMINISTRATOR.

Principal or Administrator (Print): \_\_\_\_\_

Principal or Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved:  Yes  No

## COURSE INFORMATION

SNHU Course Name and Number: \_\_\_\_\_ Prerequisites: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

High School Course Name: \_\_\_\_\_ Prerequisites: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course Text: \_\_\_\_\_  Course Syllabus Attached

Comments: \_\_\_\_\_

### COURSE APPROVAL: TO BE COMPLETED BY SNHU DEPARTMENT CHAIR OR FACULTY EVALUATOR/MENTOR.

Evaluator Name (Print): \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved:  Yes  No

## INSTRUCTOR INFORMATION

New Instructor \*  Ongoing Instructor  Attended SNHU/or taken a class(es)  Previously Employed at SNHU

\*New instructors are required to submit transcripts, résumé, and cover letter/statement of expertise (if applicable) to teach course.

DATATEL ID#: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Teacher Certification \_\_\_\_\_ Category: \_\_\_\_\_ Expires: \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_ Institution: \_\_\_\_\_ Major/Year: \_\_\_\_\_

Master's Degree \_\_\_\_\_ Institution: \_\_\_\_\_ Major/Year: \_\_\_\_\_

Doctoral Degree \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

Years of Secondary Teaching Experience: \_\_\_\_\_

### INSTRUCTOR APPROVAL: TO BE COMPLETED BY SNHU DEPARTMENT CHAIR OR ADMINISTRATOR.

Evaluator Name (Print): \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved:  Yes  No

Megan Briger-Haskell, Assistant Director for Dual Enrollment  
Southern New Hampshire University  
Belknap Hall, Suite 005  
2500 North River Road, Manchester, NH 03106-1045  
603-626-9100 Ext: 2266 Fax: 603-626-9018 snhu.edu/dual