

## West Virginia State Early Enrollment/Dual Credit Instructor Interest Sheet

Unofficial Tra	led:
Date:	Academic Year:
Instructor Nam	ne:
Instructor Address:	
Instructor Date of Birth:	
Instructor SSN (Required to create your account within the system – Department Use Only):	Semester Earned Year Earned Level of Degree, Exact Name of Degree
Credentials:	
Additional Certifications:	
High School and Address:	
Department of Interest:	
Department Course(s) Requested:	



## Additional Information Completed by Department

Department Course(s) Approved to Feach:  If the instructor has been previously letail below: Semester Year	course Course	ed for other Early Enrollment/Dual Credit co	ourses, please
Course(s) Approved to Ceach:  If the instructor has been previously letail below:	Course		ourses, please
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Recommended for Appointment: Yes f no, please write reasoning below.  Comments:	No	Signature of Chair	Date
Recommended for Appointment: Yes f no, please write reasoning below.	□No	Signature of Dean	Date
Comments:			

Please return to: Office of Academic Educational Outreach - 120 Ferrell Hall