Dual Credit High School Teacher – Department Checklist

1. Applicant (first/last name): _________________________________________________________________

2. Dual Credit Course (subject/course #): ________________________________________________________

3. Teaching Credentials:
   a. Bachelor’s Degree in the subject field (or an approved field), □ Yes □ No
      - AND -
   b. Completion of at least two years teaching in subject field. □ Yes □ No
      - AND -
   c. Master’s Degree in the subject field (or an approved field), □ Yes □ No
      - OR -
   d. 18 semester credits of graduate work in the subject field (or an approved field), □ Yes □ No
      - OR -
   e. Is willing to develop a Master’s Degree Study Plan to work towards a Master’s Degree in the subject field (or an approved field). □ Yes □ No

4. Teaching Qualifications in the Absence of a Master’s Degree:
   Applicants who do not currently meet the criteria outlined above and choose not to develop a Master’s Degree Study Plan will be required to apply for a waiver. Waivers should provide a strong rationale as to how the person is otherwise qualified (e.g. person has a number of semester credits at the graduate level in the field or an approved field and specialized experience/training in the area being taught that supports such an exception).
   a. Is applicant eligible for a waiver and would you support/provide one? □ Yes □ No
   b. If yes, please contact the Dual Credit Office and request the necessary paperwork.

5. Successful completion of a teacher training/certification (NACEP Faculty Standard F2) offered one-on-one or in a scheduled summer session with the faculty liaison or the department chair:
   a. Date & location training is scheduled
      – OR – date & location it was completed ___________________________________________________________
   b. Name of faculty member(s) conducting the training _______________________________________________________

I hereby approve this applicant to teach the above named course for dual credit as a (check one of the following) □ Fall semester course, □ Spring semester course, or □ Yearlong course.

Please proceed with a formal letter of acceptance, Memorandum of Understanding (MOU), and section record for student registration.

I do not approve this applicant for the following reasons:

____________________________________________________

Faculty Liaison Signature ___________________________ Date ___________________________