



# LUNA COMMUNITY COLLEGE

## DUAL CREDIT TEACHER – RECERTIFICATION\*

\*MUST COMPLETE FULL APPLICATION IF IT HAS BEEN MORE THAN ONE YEAR SINCE LAST TEACHING THROUGH LCC.

This Recertification will be for:  Same course  Different Course (Attach Syllabus)

Semester:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Current Employment Information

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

### Dual Credit Course History

Please indicate Dual Credit Course(s) previously taught:

Course Title: \_\_\_\_\_ Semester: \_\_\_\_\_

Course Title: \_\_\_\_\_ Semester: \_\_\_\_\_

Course Title: \_\_\_\_\_ Semester: \_\_\_\_\_

### Requested Dual Credit Course(s)

Please indicate the following requested course information for approval:

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Class Days: \_\_\_\_\_

Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Class Days: \_\_\_\_\_

Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

I certify that all information furnished in this application is true to the best of my knowledge. I understand that any misrepresentation of the facts may result in the immediate cancellation of this application and if additional documentation is requested, I must provide it to LCC prior to final approval.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School Administrator's Signature of approval: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only: Academic Director Signature: _____ Date: _____
Approved <input type="checkbox"/> _____ <input type="checkbox"/> Denied Reason for Denial: _____

\*\* Upon completion, the Academic Director must submit a copy of the recertification to the Dual Credit Coordinator. If approved, the Director will complete & attach a Schedule Request Form and submit entire packet to the VP of Instruction for signature. Packet must be sent to HR & Schedule Request form to Registrar's.\*\*