



## LUNA COMMUNITY COLLEGE DUAL CREDIT TEACHER/COURSE APPLICATION

### Personal Information

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

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

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

### Current Employment Information

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

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

Personal Phone: \_\_\_\_\_ High School Phone: \_\_\_\_\_

### Academic Experience

1. Have you ever been employed at Luna Community?  Yes  No (An LCC employment application must also be submitted if you have never been employed with us or it has been more than one year.)
2. Have you ever taught a college-level course?  Yes  No
3. Do you have a Master's Degree in the field you want to teach?  Yes  No If you answered No to this question, have you completed a minimum of 18 graduate credit hours in the discipline or subfield in which you want to teach?  Yes  No

### List all schools attended beyond high school and their location:

Name & location of school	Major	Degree
Name & location of school	Major	Degree
Name & location of school	Major	Degree
Name & location of school	Major	Degree
List any courses, licenses, certificates, or other qualifications which bear on your suitability for this position:		

### Vocational Trades Experience

Please describe your experience and certifications.

Name & location of school	Subject	Certification
Name & location of school	Subject	Certification
Name & location of school	Subject	Certification
Name & location of school	Subject	Certification
List any courses, vocational training, licenses, certificates, or other qualifications which bear on your suitability for this position:		

**Please indicate the semester in which you would like to teach:**

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

**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: \_\_\_\_\_

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

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

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

I certify that all the 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: \_\_\_\_\_

<p><i>For Official Use Only:</i> Academic Director Signature: _____ Date: _____</p> <p>Courses Approved: <input type="checkbox"/> _____ <input type="checkbox"/> Courses Denied: _____</p> <p>If applicable, reason for Denial: _____</p>
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**\*\* Upon completion, the Academic Director must submit a copy of this application 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. \*\***