

School Information

Academic Year: _____ High School: _____

School District: _____ Start Date: _____ # of sections: _____ End Date: _____

Class Level: _____ Class Period/Time: _____ Full Year: Half Year:
(Honors, CP, etc)

School/District Approval: To be completed by Principal or appropriate Administrator.

Date: _____

Principal or Administrator: _____ 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 the SNHU Department Chair or Faculty evaluator/mentor.

Date: _____

Evaluator Name: _____ Evaluator Signature: _____ Approved: Yes No

Instructor Information

New Instructor * D.O.B. _____

Name: _____ Ongoing Instructor

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ SSN: _____ - _____ - _____

Teacher Certification Category: _____ Expires: _____

Bachelor's Degree Institution: _____ Major: _____

Master's Degree Institution: _____ Major: _____

Years of Secondary Teaching Experience: _____

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

Instructor Approval: To be completed by the SNHU Department Chair or Administrator.

Date: _____

Evaluator Name: _____ Evaluator Signature: _____ Approved: Yes No

Pauline St. Hilaire, Director for Dual Enrollment

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(5/2011)