



Dual Credit/Dual Enrollment Program Instructor Information Page

Please Print

Name _____

Address _____

City _____ State _____ Zip Code _____

Personal Telephone Number and/or Cell Number _____

Personal Email _____

Work Telephone Number _____

Work Email _____

Current Employment

Current employer _____

Address of current employer _____

City _____ State _____ Zip Code _____

Position Title _____

Previous courses taught: _____

- I agree to abide by the policies and procedures related to teaching courses for Morton College including grading standards and course outcomes.
- I understand that no compensation will be provided by Morton College to me for my services in the Dual-Credit Program.
- Official Post-secondary transcripts and copy of State of Illinois teaching certificate are attached to verify teaching credentials for dual-credit Morton College courses. Transcripts are required for all course work counting towards an instructor's bachelor degree or master's. Transcripts do not need to be resent if on file at Morton College.

Signature _____ Date _____

Please submit this application with dual-credit course request sheet.