



SOUTHEAST MISSOURI STATE UNIVERSITY
DUAL CREDIT FACULTY INFORMATION SHEET
(PLEASE PRINT)

HS FACULTY FACULTY LIASION PRINCIPAL COUNSELOR

NAME: SSN: Banner ID: Office Use Only

DOB: Highest Level of Education:

HOME ADDRESS:

(Street, apt, PO Box, etc) (City) (State) (Zip)

HOME PHONE: HOME EMAIL:

SCHOOL NAME:

SCHOOL ADDRESS:

(Street or PO Box) (City) (State) (Zip)

SCHOOL PHONE: SCHOOL EMAIL:

PREFERRED EMAIL: SUMMER EMAIL:

SOUTHEAST MISSOURI STATE UNIVERSITY EMPLOYEE: YES NO

For HIGH SCHOOL INSTRUCTORS ONLY:

PLEASE LIST ALL THE COURSES THAT YOU PLAN TO TEACH.

Table with 6 columns: Course, Cooperative Online, Face to Face, Fall, Spring, Year Long. Includes an example row with MA134 and empty rows for course entry.