



**SOUTHEAST MISSOURI STATE UNIVERSITY
COUNSELOR/PRINCIPAL INFORMATION SHEET**

**2016-2017
(PLEASE PRINT)**

PRINCIPAL

COUNSELOR

NAME: _____ **SSN:** _____ **OR SO#:** _____ **DOB:** _____

SCHOOL NAME: _____

SCHOOL ADDRESS:

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

SCHOOL PHONE: () _____ **SCHOOL EMAIL:** _____

PLEASE LIST ALL THE COURSES THAT YOUR SCHOOL PLAN TO TEACH IN SPRING 2017

Course	Dual Credit?	Dual Enrollment?	Teacher	New?	Estimated Enrollment*

* Dual Enrollment classes only