



**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.

Course	Cooperative Online	Face to Face	Fall	Spring	Year Long
<i>Example: MA134</i>	<i>NO</i>	<i>YES</i>		X	