

AU AUGUSTANA UNIVERSITY

DUAL CREDIT COURSE APPROVAL FORM

Name of High School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dual Credit contact at High School: _____

Contact e-mail: _____

Contact phone: (_____) _____ - _____

High School Course Title (name your students will recognize for registration):

Course has been authorized as AP through the AP Course Audit Process: Yes No

High School Course Instructor: _____

Instructor has a Master's Degree in teaching discipline: Yes No

Instructor has a Master's Degree plus 18 graduate credits in teaching discipline area: Yes No

Term(s) the course is offered:

Yearlong Fall (1 semester) Spring (1 semester)

Other: _____

Please attach:

1. Curriculum Vita for instructor teaching course to include education background and related experience. Instructor must have a master's degree in the subject being taught or a master's degree and 18 credits in the subject being taught. Faculty credentials will need to be submitted to include official transcripts and curriculum vitae. The faculty member must be approved by AU in order to receive adjunct instructor status. Copies of transcripts from instructor's coursework in college and graduate school
2. Syllabus for the course including text to be used, course objectives and learning outcomes, scope and sequence for the course with a schedule, and grading criteria
3. Samples of assignments, exams and project rubrics
4. High School profile (only need 1 per school)

Please send all application materials electronically to registrar@augie.edu or mail to:

Augustana University Dual Credit
c/o Registrar's office
2001 S Summit
Sioux Falls, SD 57197