	Dual Credit Instructor Education Plan to	Complete Education Req	uirements	
Faculty Name:		Dual Credit Site:		
Discipline:		VU Course(s):		
Number of Graduate Hours Needed (indicate if Master's is needed):		Institution(s) from which hours will be earned:		
Semester/Year Course Number & Tit		Credit Completed Hours For Office Use Only		
courses in the disci the Higher Learnin completion of each of the courses spe- in any subsequent to the Vincennes L	e graduate hours needed for employment as an adj pline specified from a regionally accredited institutio g Commission. I agree to send VU an unofficial tra- course to show that I am following the agreed upon cified above, I will send written notice to the Vincent semester. Once I have completed all of the course Iniversity Early College / Project Excel office from the plete the approved education plan and failure to sub-	n in accordance with the guidel anscript from the institution wh n educational plan. If, for any re nes University Early College / Res outlined in the plan, I will ha ne granting institution for place	ines set by VU's nere I am taking eason, I am una Project Excel offi ve an official tra ment in my facu	regional accreditor the course(s) after ble to complete any ice prior to teaching nscript sent directly lty file. I understand
Signature of Adjunct Faculty		Date		
Signature of Assi	istant Dean of Instruction (for Early College)	Date		
Dean of Early Co	ollege/Sr. Director of Dual Credit Partnerships	Date		
Signature of VU Discipline Department Chair		 Date	☐ Approve	d □ Denied
	Non-three of VIII Decreed	D-t	☐ Approve	d Denied
	Signature of VU Provost	Date		
Notes:				

Updated 4.5.18