

## REQUEST TO TEACH

| INSTRUCTOR INFORMATION   |       |                     |
|--|-------|---------------------|
| Last Name  |       | First Name          |
| Address  |       |                     |
| City   | State | Zip                 |
| School Email   |       | Preferred Phone     |
| High School  |       | High School Address |
| COURSE INFORMATION - Requesting to teach the following BSC course(s)   |       |                     |
| <b>BSC Course Title:</b><br><b>Student Textbook Title/ISBN:</b><br><b>HS will provide book to students – YES      NO</b>   |       | <b>Semester</b>     |
| <b>BSC Course Title:</b><br><b>Student Textbook Title/ISBN:</b><br><b>HS will provide book to students – YES      NO</b>   |       | <b>Semester</b>     |
| INSTRUCTOR RESPONSIBILITIES  |       |                     |
| <ul style="list-style-type: none"> <li>College course taught at the high school follows the content and academic standards of the BSC course taught on campus and does not exceed one semester in length.</li> <li>Course syllabus follows BSC syllabus guidelines, is updated, and submitted each semester taught.</li> <li>Submit assessment information requested by the appropriate department chair.</li> <li>Review class roster(s) in CampusConnection, verify enrollment, sign, date, and submit to the Alternative Learning Coordinator at the fourth week of class.</li> <li>Submit grades by utilizing CampusConnection.</li> <li>Attend mandatory HS Adjunct Workshop</li> </ul> |       |                     |
| Select one:<br><input type="radio"/> <b>This course will be taught under the High School Student Subsidized Tuition Rate.</b><br>The instructor is a full time teacher within the high school and the course(s) requested are taught within the instructor's daily teaching schedule.<br><input type="radio"/> <b>This course will be taught under the High School Unsubsidized Tuition Rate.</b><br>The instructor is <u>not</u> a full time teacher within the high school and the course(s) requested are not taught within the instructor's daily class schedule.  |       |                     |
| Instructor Signature: _____  |       | Date: _____         |
| HS Administrator Signature: _____  |       | Date: _____         |

Submit to: Fast Track Coordinator  
 Bismarck State College  
 PO Box 5587  
 Bismarck, ND 58506

|  |  |                          |          |                          |        |
|--|--|--------------------------|----------|--------------------------|--------|
| For Bismarck State College Purposes Only |  | <input type="checkbox"/> | Approved | <input type="checkbox"/> | Denied |
| Signature: _____                         |  | Date: _____              |          |                          |        |
| Department Chairperson                   |  |                          |          |                          |        |