Vincennes University Dual Credit Instructor Education Plan to Complete Education Requirements				
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		le Credit Completed Hours For Office Use Only		
courses in the disci the Higher Learnin completion of each of the courses spec in any subsequent to the Vincennes U	e graduate hours needed for employment as an adj pline specified from a regionally accredited institution g Commission. I agree to send VU an unofficial transcription 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 olete the approved education plan and failure to sub-	in in accordance with the guidel anscript from the institution when educational plan. If, for any renes University Early College / Fes outlined in the plan, I will have granting institution for place	ines set by VU's nere I am taking eason, I am una Project Excel of ve an official tra ment in my facu	s regional accreditor g the course(s) afte able to complete any fice prior to teaching anscript sent directly alty file. I understand
Signature of Adjunct Faculty		Date		
Signature of Assi	stant 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	ed Denied
	Signature of VU Provost	Date	☐ Approve	ed Denied
Notes:	organical College Transport	Date		

Updated 4.5.18