

Idaho State University High School Adjunct and Course Request Form

To be completed by high school instructor:

Date _____ High School _____

Instructor Name _____

High School Address _____

Phone _____ Fax _____

Instructor Email _____

ISU Academic Department _____

ISU course(s) requested _____

Semester and number of sections requested _____

High School Principal Signature _____

If first submission, please attach a curriculum vitae and academic transcripts. A letter of recommendation may also be submitted.

High School instructor summer contact address and email:

Home Address _____

Phone _____ Email _____

Submit to:

Early College Program
921 S 8th Ave., Stop 8057
Pocatello, ID 83209-8057
(208) 282-6067
(208) 282-4511 (fax)
ecp@isu.edu