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	
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