

OZARKS TECHNICAL COMMUNITY COLLEGE

Dual Credit Instructor Application

Applicant: Before completing the application below, please review the instructor credentialing requirements and application instructions at this site: <https://academics.otc.edu/dualcredit/dual-credit-instructors/> Scan and email the complete application packet materials to dualcredit@otc.edu.

Name: _____

Birthdate: _____ Social Security Number: _____

Home Address: _____

Preferred Phone: _____ Preferred Email: _____

High School: _____ High School Class/Subject: _____

OTC Class Equivalent: _____

Applicant Signature: _____ Date: _____

Office Use Only

Approved Applicant has a master's degree with a minimum of 18 graduate hours, as verified by transcripts, in academic discipline(s) or related subfield(s).

OTC Class Code: _____

Declined Justification and areas for improvement:

Department Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____