

**Dual Enrollment Instructor Pre-Qualification Form**  
**Pasco-Hernando State College**

Name of High School: \_\_\_\_\_ County: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

High School DE Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Term/Year (circle): ☐ Fall ☐ Spring \_\_\_\_\_  
Year Date Submitted: \_\_\_\_\_

Request to be evaluated as Adjunct Instructor to teach at PHSC as well as at high school?  
☐ Yes ☐ No

| Course Prefix/Number<br>(Ex. ENC1102) | Course Title |
|---------------------------------------|--------------|
|                                       |              |
|                                       |              |
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|                                       |              |
|                                       |              |

***Note: This is a Pre-Qualification only and does not guarantee that the instructor will be able to teach the course or that the high school will be able to offer the course.***

School Administrator: \_\_\_\_\_  
Print Name Signed Date

Phone # \_\_\_\_\_

**For PHSC Use Only**

Date received: \_\_\_\_\_ ☐ Approved ☐ Denied

Pre-Qualification review completed by: \_\_\_\_\_ Date: \_\_\_\_\_