

Date Received _____ By ____

Dual Credit Instructor Registration Form

Mail, Scan or Fax form to:
Admissions Office
Nebraska College of Technical Agriculture
404 East 7th
Curtis, NE 69025

Phone (308) 367-4124 Fax (308) 367-5212 Toll Free (800)328-7847

Website: ncta.unl.edu

Type or print legibly in black ink

tructor or Counselor	Last Name	First Name	Middle Name		Previous Last Name(s)
me of School:					
nool Mailing Address:	Street and/or	P.O. Box	City	State	Zip
thdate:		Social Security Number:	(If you are a 1st time i	nstructor & you	would like access to the class)
nail Address:			(A valid email a	ddress is requir	ed)
Semester and Deli	verv System				
	on for the semester begin	nning: Fall (Augus	st)or Year	- Spring (Jan	uary)
eck all that apply):			Year		Year
New Dual Credit l	Instructor (Blackboard S	System)	Returning Dual Credit	Instructor	
New Distance Lea	arning Instructor (TV Sy	estem)	Returning Distance Le	arning Instructor	(TV System)
ourses					
ourses ease indicate the course	e name(s) and number(s) you wish to register for:			
ease indicate the course) you wish to register for:	2		
ease indicate the course					
ease indicate the course					
1			4		
135			6		
135			6		
135			6		