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

A. PERSONAL INFORMATION

Instructor or Counselor ____________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Previous Last Name(s)</th>
</tr>
</thead>
</table>

Name of School: _____________________________________________________________________________________________

School Mailing Address: ____________________________________________________________

<table>
<thead>
<tr>
<th>Street and/or P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

School or Work Phone: (____) __________________________ Alternate Phone: (____) __________________________

Birthdate: __________________________ Social Security Number: __________________________

(If you are a 1st time instructor & you would like access to the class)

Email Address: ____________________________________________________________ (A valid email address is required)

B. Semester and Delivery System

I am applying for admission for the semester beginning: Fall (August) ____________ -or- Spring (January) ____________ Year

(Check all that apply):

☐ New Dual Credit Instructor (Blackboard System) ☐ Returning Dual Credit Instructor

☐ New Distance Learning Instructor (TV System) ☐ Returning Distance Learning Instructor (TV System)

C. Courses

Please indicate the course name(s) and number(s) you wish to register for:

1. ____________________________________________________ 2. ____________________________________________________

3. ____________________________________________________ 4. ____________________________________________________

5. ____________________________________________________ 6. ____________________________________________________

D. High School Instructor and Principal Signatures and Date

Instructor Signature/ Date _____________________________________________ Principal Signature/ Date ____________________________

OFFICE USE ONLY

Date Received ____________________ By __________