



NEBRASKA COLLEGE OF TECHNICAL AGRICULTURE

Dual Credit Instructor Form

Mail, Scan or Fax form to:
NCTA Registrar's Office
404 East 7th St
Curtis, NE 69025
Fax: 308.367.5212

Type or print legibly in black ink

PERSONAL INFORMATION

Instructor or Counselor: _____
Last Name First Name Middle Name or Initial Previous Last Name(s)

Ethnicity: Hispanic or Latino Asian American Indian Black White Other: _____

Legal Sex: _____ Birthdate: _____

Name of School: _____

School Mailing Address: _____

School or Work Phone: _____ Alternate Phone: _____

Social Security Number: _____

(If you are a first-time instructor and would like access to the class on Canvas)

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

TERM

Please check all that apply:

Fall Semester (August - December): _____ Year Spring Semester (January - May): _____ Year

New Dual Credit Instructor (Canvas System) Returning Dual Credit Instructor (Canvas System)

COURSES

Please indicate the course name(s) and number(s) your students will be enrolling in:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

SIGNATURE

Instructor Signature

Date