

**TEACHER INTEREST FORM**  
**DUAL CREDIT FACULTY EXPANSION PROGRAM (DCFEP)**

Thank you for your interest in the Dual Credit Faculty Expansion Program (DCFEP). This form is intended to gather information from teachers who are interested in participating in the program. Please complete all fields to help us better understand your background and availability.

Full Name:

Email address:

Phone Number:

School District:

Current High School:

Teaching Discipline:

Grade Level(s) Taught:

Years of Teaching Experience:

Current Dual Credit Courses Taught (if any):

Additional Questions/Comments:

HS Campus Principal:

HS Campus Principal Email Address:

HS Campus Principal Phone Number:

Interested teachers should submit this form to \_\_\_\_\_ (District DCFEP Liaison)  
at \_\_\_\_\_ (email or other return option) by \_\_\_\_\_ (Date).