



**Angelo State University
Dual Credit Program
Faculty and Counselor Information**

Please fill in the information below. This form is required for each faculty member approved to teach dual credit courses, and for the counselor/staff overseeing dual credit enrollment.

If sending this form by email, please send as a password-protected PDF to ensure your information stays secure.

Name	
High School Affiliation	
Role (Select One)	Faculty Counselor
Home Mailing Address	
Email	
Business Phone	
Cell Phone	
Date of Birth	
Social Security Number	
Gender	Male Female
Polo Size	
Have you ever attended Angelo State (either undergraduate or graduate)?	Yes No
If yes, has your name changed since your enrollment?	Yes No
	<i>*If you answered yes to the last two questions, you will also need to officially change your name with ASU. Fill out the Student Information Correction form and include a copy of your Social Security Card. This information can be sent to the dual credit office along with this form. This will result in your student records being updated.</i>

You may return this form by email to dualcredit@angelo.edu or fax to 325-942-2078. If emailing the form, please password protect the document and send the password in a separate email.

***Instructors, please ensure that official graduate and undergraduate college transcripts have been sent to Angelo State:
ATTN: Dual Credit
ASU Station #11014
San Angelo, Texas 76909
Dualcredit@angelo.edu***