**New Experiences for Instructors of Dual Enrollment (NExIDE) Program Application**

Return this form to:   
Dr. Rick Hudson, 8600 University Blvd., Evansville, IN 47712, [rhudson@usi.edu](mailto:rhudson@usi.edu) .

**Participant Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliated High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the number of graduate credit hours that you have currently completed in mathematics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester in which you plan to initially register for graduate courses at USI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your affiliated high school currently have a teacher who is credentialed to teach dual credit courses? (Credentialed teachers would have a Masters in the discipline taught or a Masters in another field with at least 18 graduate credit hours in the teaching field) \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Status (Check one of the following):

\_\_\_\_ I am currently a dual credit instructor in mathematics.

List the course(s) and college/university partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I would like to become a dual credit instructor in mathematics.

List the course(s) and anticipated college/university partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Program preference will be given to schools/teachers who plan to partner with USI’s CAP program.

**Principal Endorsement**

As principal of the previously named high school, I endorse this application and agree to the listed terms to offer a dual credit course, taught by this instructor, for a minimum of two years after program completion.

**Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Endorsement**

I am receiving other funding or reimbursement for the course(s) listed above. \_\_\_\_Yes \_\_\_\_No

If “Yes,” indicate the type and amount.

As a current or prospective dual credit instructor, I agree to teach dual credit course(s) in my mathematics for a minimum of two years, once approved as a dual credit instructor.   
\_\_\_\_\_\_Yes \_\_\_\_\_No (If “No,” please explain.)

**Please initial to indicate agreement with the following statements:**

I understand that the USI CAP office and departmental chairs and liaisons make decisions regarding teachers who serve as USI CAP teachers, and that acceptance to the NExIDE program is a separate process. \_\_\_\_\_\_ Yes

I understand that I cannot prepay for a graduate course and be reimbursed. Once I have received approval to take the course(s), I will enroll in the course(s) and the NExIDE Fee Waiver will be applied to my student account. The cost of textbooks associated with the course, or any fines accrued, will be my responsibility as the recipient of the NExIDE Fee Waiver. \_\_\_\_\_\_ Yes

I understand that failure to complete the graduate course will require repayment of 100% of the NExIDE Fee Waiver. \_\_\_\_\_\_ Yes

I understand that withdrawing from the course after the 100% refund period will result in being fully responsible for whatever amount of tuition, fees and fines are owed at that time, whether a portion or the entire amount. \_\_\_\_\_\_ Yes

I grant permission for the NExIDE Grant staff to review my academic records while participating in the NExIDE Fee Waiver program to verify that final course grades meet or exceed requirements of the NExIDE Fee Waiver program and the office of USI Graduate Studies. \_\_\_\_\_\_ Yes

I understand that receiving future NExIDE Fee Waivers is partially dependent upon my successful performance in the coursework. \_\_\_\_\_\_ Yes

I understand the NExIDE Fee Waiver will not cover repeated courses, regardless of reason. \_\_\_\_\_\_ Yes

I understand the NExIDE Fee Waiver may be considered taxable income. \_\_\_\_\_\_ Yes

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**