Institute for Academic Outreach, MC303 Truman State University 100 E. Normal Ave. Kirksville, MO 63501



Partnership Data Update

This form will need to be completed and submitted by the high school principal or superintendent prior to the start of each academic year in order for the school to continue to participate in the Early College partnership.

1. High School and Contact Information:

High School Name:		District:			
Street Address:		City:	Zip:		
Website:	Phone:	Fax	к:		
Administrator's Name:		Title: (circle one) P	rincipal/Superintendent		
Administrator's Email Addres	5:				
Fall semester (Aug – Dec): 1 st	day of class	Last day of class			
Spring semester (Jan – Jun) 1 ^s	^t day of class:	Last day of class:			
Staff Member at the school the	mber at the school that will be directly involved in f		acilitating the partnership/verifying student information:		
Name:		Title:			
Email Address:					
Office Location:		Phone Number:			
2. Programs					
Please identify the programs apply.	ease identify the programs in which your school will participate during the 2020-2021 academic year. Select all that ply.				
Competency-Based N proctors. (Please com	lathematics (College Algebra, Pl plete additional items on pg. 2)	ane Trigonometry, Precalcul	us) facilitated by high school		

Dual Credit Calculus facilitated by approved and qualified high school faculty. (Please complete additional items on pg. 3)

Online courses selected by individual students.

3. Is the school able to have all participating students complete the online student application at the school?

□ Yes – Date: ______ Time: ______

4. Does a representative from the Institute for Academic Outreach need to come assist students with applying?

 □
 Yes – Date:

 □
 No

5. Signature of Principal/Superintendent: ______ Date: ______

- 6. Please submit this form to the Institute for Academic Outreach office by one of the following methods:
- Scan the form and email it to institute@truman.edu
- Fax the form to 660-785-7202

Competency-Based Mathematics

Please complete the following items if you wish to offer Competency-Based Mathematics at your High School du	uring the
2020-2021 academic year.	

1. Model and Tuition

Please select the model that describes the variation of the program you will implement at your school.

 Model 1: For schools that offer a college algebra, plane trigonometry, or precalculus class at the high school level. The teacher decides how to incorporate the material into their class (during class, as homework, etc.).
 Tests on the computer must be proctored by the teacher. Students' tuition will be \$255 for College Algebra/Pre-Calculus and \$170 for Plane Trigonometry. The cost of software is bundled into tuition.

Model 2: For schools that <u>do not</u> offer a college algebra, plane trigonometry, or precalculus class at the high school level. Students learn the material on their own at home or during a study period similar to independent study. A faculty/staff member must proctor tests on the computer and provide tutoring for students that need extra help.
 Students' tuition will be \$255 for College Algebra/Pre-calculus and \$170 for Plane Trigonometry. The cost of software is bundled into tuition.

2. Course(s): (check all that apply)*

6. Est. Enrollment

College Algebra:	Fall Semester Only 🗌 Spring Semester Only 🔲 Year-Long (Fall & Spring Semesters)
Plane Trigonometry:	Fall Semester Only 🔲 Spring Semester Only 🗌 Year-Long (Fall & Spring Semesters)
Pre-calculus:	Fall Semester Only 🔲 Spring Semester Only 🗌 Year-Long (Fall & Spring Semesters)

*Students enrolled in Plane Trigonometry must have completed College Algebra <u>first</u> unless otherwise approved by Truman's Math Department. Approval for exception to this order requires evaluation of the curriculum of preceding coursework (typically Algebra 2). College Algebra and Plane Trigonometry cannot be taken concurrently by a student.

Please select one of the following:

Our school will follow the normal sequence of College Algebra followed by Plane Trigonometry.

Our school has previously been approved to offer these courses out-of-sequence.

Our school wishes to have its syllabi reviewed to teach these courses out-of-sequence.

Do you want tests each split into two parts to enable students to complete each part in a single class period?

	L Yes	
	□ No	
3.	Teacher responsible for course(s) Name:	Title:
	Email Address:	
	Office Location:	Phone Number:
	Name:	Title:
	Email Address:	
	Office Location:	Phone Number:

Dual Credit Calculus

For each course you would like to offer at your school, place a check mark under the term you wish to offer the course. If the course is a year-long course, check "Whole Year." Only check both fall and spring if you want to offer <u>separate</u> sections of the course in each term. Please put your best estimate of enrollment in the column next to the term (these numbers are not binding).

	Fall Term?	Estimated Enrollment	Spring Term?	Estimated Enrollment	Whole Year?	Estimated Enrollment
Calculus I (Dual Credit) – MATH 198						
Calculus 2 (Dual Credit) – MATH 263						

Faculty/Staff Member(s) at the school that will be directly involved in facilitating the program:

1.	Name:	Title:
	Email Address:	
	Office Location:	Phone Number:
	Course(s) Being Taught:	
2.	Name:	Title:
	Email Address:	
	Office Location:	Phone Number:
	Course(s) Being Taught:	
3.	Name:	Title:
	Email Address:	
	Office Location:	Phone Number:
	Course(s) Being Taught:	
4.	Name:	Title:
	Email Address:	
	Office Location:	Phone Number:
	Course(s) Being Taught:	

For dual credit courses (where the high school teacher is providing primary instruction) the University will need to evaluate faculty credentials and transcripts before they can be approved to teach in the program. Truman will contact the teacher directly to obtain the appropriate materials.