Challenge Program Information Update

Instructor______________________________________________________________

High School Campus_____________________________________________________

Contact Information: *Only update your contact information if information has changed.*

Home Address________________________________________________________________

Home Phone Number____________________   Work Number ______________________

E-mail Address _____________________________________________________________

Please indicate information about the class or classes you are teaching Fall term, 2014:

1) College Title of Class_____________________________________________________

2) High School Title of Class________________________________________________

3) Number of Challenge Program Sections
   (Check Appropriate Boxes) 1□  2□  3□

4) Number of Students in Class
   Challenge Program Credit _______   _______   _______
   Challenge Program Non Credit _______   _______   _______
   Total _______   _______   _______

Please **completely** fill out section #4. We would like to know how many students in each one of your class sections being offered for Challenge Program credit are taking the course for PSU credit and how many are taking it only for high school credit.

5) Hours/Days each section meets (Please attach your school day schedule or schedules if applicable). Thanks.

<table>
<thead>
<tr>
<th>Time (Hours/Days):</th>
<th>Room #:</th>
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<tbody>
<tr>
<td>Section 1__________</td>
<td>______</td>
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<tr>
<td>Section 2__________</td>
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<tr>
<td>Section 3__________</td>
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