# þÿOrientation Report Form

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| **FACULTY LIAISON INFORMATION** |
| **Name of VU Faculty Liaison:** **Date of Orientation: Start Time: End Time:****Meeting Location:****Dual Credit staff member present to conduct an administrative orientation session: Yes No** |
| **HIGH SCHOOL - CAREER/TECHNICAL CENTER INFORMATION** |
| **Name(s) of Dual Credit Instructor\*:****Name(s) of High School or Career/Technical Center\*:*****\*insert or attach full list of names/schools if group session*****VU Course Number(s):** |
| **Agenda/Materials/Content Covered** |
| **Provide a description of the orientation session (attach detailed agenda and copies of all materials/resources provided):****Additional comments/concerns regarding this session and/or participants:** |

***\*A typed name below serves as an electronic signature when this report is sent from a VU email address.***

**\*Faculty Liaison Signature: Date:**

***Note: A copy of this form must also be sent to the division dean.***