



Orientation Report Form

VU Faculty Liaison:	Date of Orientation:
Start Time: _____	End Time: _____
Total: _____ Hr _____ Min	

Orientation Type: Individual Group

Orientation Location/Method: VU Campus On Site *Phone *Skype/Zoom/etc.
**Prior approval required for PE instructors*

Program(s) Represented: Early College Project EXCEL

INSTRUCTOR & HIGH SCHOOL / SITE INFORMATION	
Name(s) of Dual Credit Instructor(s):	
Name(s) of High School / CTE Site(s):	
VU Course Number(s) Discussed:	

ORIENTATION INFORMATION

1. The following topics were covered during the orientation session (check all that apply):

- CCO/Syllabus and Learning Outcomes Course Philosophy/Pedagogy Grading Policy
 Required/Recommended Textbooks Required Assessments (UCC) Other _____

2. Provide a description of the orientation session (attach a detailed agenda and copies of all materials/resources provided).

3. List additional comments or concerns regarding this session and/or participant(s).

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

Faculty Liaison Signature: _____

Date: _____