



**EWU in the High School  
Departmental Criteria for CEP Instructors**

**Department Name:** \_\_\_\_\_

**Course(s):** \_\_\_\_\_  
\_\_\_\_\_

**Qualifications:**

Minimum Equivalencies

Preferred Equivalencies

**Notes:**

Signature: Susan Stearns Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Internal Use Only: Number of Available Sections for Each Course: \_\_\_\_\_