



CONCURRENT ENROLLMENT INSTRUCTOR APPLICATION

Please type or print clearly

Date _____

A. BIOGRAPHICAL INFORMATION

Name _____
 First Middle Last

Mobile/Home Phone _____

Personal Email Address _____

B. INSTRUCTIONAL INFORMATION

High School Name _____ District _____

High School Address _____
 Street City Zip

High School Main Phone _____ Extension _____

Work Email Address _____

Do you currently or have you in the past taught for SAUT? Yes No

If yes, please list the courses, semesters/years taught and supervisor:

C. EDUCATION CREDENTIALS – Along with this application, please submit the following:

- Unofficial graduate transcripts (official transcript must be submitted within 10 days of application)
- Current Resume
- CTE Credentials, if applicable

SAUT CE Course(s) to be Taught

- 1. _____
High School Course Name SAUT Course Name

- 2. _____
High School Course Name SAUT Course Name

- 3. _____
High School Course Name SAUT Course Name

I understand teaching an SAUT Concurrent Enrollment course requires me to adhere to all standards set by SAUT. I understand New Teacher Orientation, annual professional development, site visits /classroom observations, curriculum alignment, and adherence to timelines are necessary to remain eligible to teach an SAUT Concurrent Enrollment course.

Signature of Applicant:

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal from the SAU Tech Concurrent Enrollment Program. I also understand that I am voluntarily providing the information on this application.

Instructor Date

CE/CTE School District Administrator:

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for instructor rejection or dismissal from the SAU Tech Concurrent Enrollment Program.

CE/CTE District Administrator Date

FOR COLLEGE USE ONLY	
CE Coordinator	Date
Dean	Date
VC of Academics	Date
	____ Approved for _____ academic year or semester
	____ Denied (explanation required below)
Explanation	

