



APPLICATION FOR APPROVAL OF SHORT TERM ADULT/COMMUNITY EDUCATION INSTRUCTOR

NAME	LAST	FIRST	MI	SOCIAL SECURITY NUMBER										
ADDRESS				TELEPHONE NUMBER										
				HOME WORK										
1. SUBJECT AREA – Describe the subject area(s) to be taught.														
2. EMPLOYMENT – List below all employment experience that has contributed directly to your competency in the area for which you propose to teach (include self-employment, if applicable.)														
EMPLOYER		LOCATION		TYPE OF WORK		FULL OR PART-TIME		FROM		TO				
3. EDUCATION/TRAINING – Describe the releveant edcuation or training you have received.														
SCHOOL, COLLEGE, OR TRAINING SPONSOR			YEARS, CREDIT HRS. OR CLOCK HRS. OR TRAINING			DATES OF ATTENDANCE			MAJOR OR AREA OF TRAINING		DEGREES OR CERTIFICATES		DATE OF DEGREE OR CERTIFICATE	
4. SCHOOL OFFICIAL AUTHORIZATION – I am hereby requesting approval for this individual to teach a short term adult/postsendary vocational course.														
SCHOOL NAME (PRINT OR TYPE)								DATE (PRINT OR TYPE)						
SCHOOL OFFICIAL NAME (PRINT OR TYPE)						TITLE (PRINT OR TYPE)			SIGNATURE					