

**CONCURRENT ENROLLMENT (CE)**

**HS INSTRUCTOR APPLICATION**

High School (s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District #:\_\_\_\_\_\_\_\_\_

RCTC Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number:\_\_\_\_\_\_\_\_\_\_

Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HS Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HS Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HS Instructor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Check all that apply regarding high school instructor planning to teach the course: |

The following must be included with this application:

1. A copy of the teacher’s resume or curriculum vitae.
2. Copies of the teacher’s transcripts – undergraduate and graduate which includes minimum requirements of a master’s degree in the credential field or a master’s degree in any field with a minimum of 18 graduate semester credits (24 graduate quarter credits) in the credential field.
3. This application acts as a request from the superintendent/principal asking that the teacher’s credentials be reviewed for approval to teach named course(s).

This application acts as a request from the teacher asking consideration to teach in the discipline area requested.

High School Principal’s Comments:

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| Signature of High School Principal |  |  | Date |
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| Signature of Superintendent |  |  | Date |

Concurrent Enrollment High School Application 10/2019ma