



Center for Community Education Instructor Information

Please type or print clearly and complete each question thoroughly.
Please attach a professional resume.

Name: _____ Social Security Number: _____

Home Address: _____ Phone: _____

_____ May be released to students: Yes ___ No ___

_____ Email: _____

Business Address: _____ May be released to students: Yes ___ No ___

_____ Phone: _____

_____ May be released to students: Yes ___ No ___

_____ Website: _____

_____ May be released to students: Yes ___ No ___

Are you teaching at another College? If yes where? _____

Educational background (minor or major studies, certificates, etc.): _____

Practical experience in the area you wish to teach: _____

Adult teaching experience: _____

List credentials, as you would like them to appear in the schedule: _____

REFERENCES: Please list the names and telephone numbers of three **professional** references *who are familiar with your teaching ability*.

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____