

SCSU Early College Instructor Application

___ Dr. ___ Mr. ___ Mrs. ___ Ms.
Name (Last, First, Middle) _____

Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

Applying to teach SCSU course(s)

Subject Prefix	Course. #	Title
_____	_____	_____
_____	_____	_____

I will teach SCSU Early College course(s)

___ as part of my teaching assignment for my high school

___ in addition to my teaching assignment for my high school with my SCSU adjunct salary supported by the high school or my district office

High School Name _____

High School Mailing Address _____

City _____ State _____ Zip _____

High School Phone Number _____ Extension _____

I understand that obtaining approval requires me to adhere to all standards set by Southern Connecticut State University. I also understand that professional development and evaluation is necessary each semester to remain approved to teach SCSU Early College courses.

Signature _____ Print _____ Date _____

Principal Signature _____ Print _____ Date _____