



Concurrent Enrollment Teacher Application Form

Please submit the following application to the DECE (Dual Enrollment and Concurrent Enrollment) Program Associate at dualenrollment@ccsu.edu. If you have any questions or require assistance with the submission process, please do not hesitate to contact our office at dualenrollment@ccsu.edu. We appreciate your cooperation and interest in CCSU (Central Connecticut State University).

Teacher Qualification Requirements:
<ul style="list-style-type: none"> • Educational Qualifications: <ul style="list-style-type: none"> ○ Master's Degree • Teaching Experience • Curriculum Development and alignment: <ul style="list-style-type: none"> ○ Participation in Professional Development as Required by the Department • Adherence to NECHE (New England Commission of Higher Education) Standards: <ul style="list-style-type: none"> ○ Continuous Evaluation and Improvement

Personal Information

<u>Full Name:</u>
<u>Email Address:</u>
<u>Phone Number:</u>
<u>Home Address:</u>

Educational Background

Highest Degree Earned	
Major/Area of Study	
Name of Educational Institution	
Graduation Year	

Teaching Experience

Teaching Experience	Total Years of Teaching Experience: _____ [e.g., 5 years]	
School Name:	Street Address:	
City:	State:	Zip Code:

Courses of Interest: List the specific courses you are interested in teaching for concurrent enrollment. Please provide the course numbers and names.

Course Number	Course Name

Please attach the following documents:

1. Resume or CV

Signature:

- By signing my name below, I certify that the information provided in this application is accurate and complete. Any misrepresentation may lead to disqualification or revocation of offers.
- I agree to adhere to all specified requirements, terms, and conditions outlined in the application, as well as any additional instructions from CCSU (Central Connecticut State University).
- The applicant consents to information verification, including background and reference checks, and understands that submission of the application does not guarantee acceptance, as decisions will be made at the discretion of the reviewing authorities.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Principal Name: _____

Principal Signature: _____

Central School Liaison Only

- I, in my capacity as an authorized Central School Liaison, hereby confirm the acceptance of this teacher applicant for concurrent teaching within Central's Concurrent Enrollment Program.

Check the Central School:

- CLASS (College of Liberal Arts and Social Science)
- SEPS (School of Education and Professional Studies)
- SEST (School of Engineering, Science, Technology)
- SOB (School of Business)

Central School Liaison Signature: _____

Date: _____

Printed Name: _____

Please forward this application to the DECE (Dual Enrollment and Concurrent Enrollment) Program Associate at dualenrollment@ccsu.edu for record keeping.