

Concurrent Instructor Form

All new instructors teaching through the concurrent enrollment program must submit this form along with required documentation to the Director of Concurrent Credit, University of Arkansas at Monticello. P.O. Box 3478, Monticello, AR 71656. haydenb@uamont.edu. Fax number 1(870) 460-1933

PLEASE PRINT CLEARLY OR TYPE

Instructor Name: _____ Date of Birth: _____

Social Security Number: _____ Gender: _____

Instructor e-mail (most frequently used): _____

On-site Supervisor/Location: _____
(Example: Principal's name, Name of High School)

Name of concurrent class (es) to be taught: (Example: Composition, College Algebra, American History, etc.)

Please check all Degrees Completed:

- Certificate
- Associate
- Bachelor
- Master
- Doctorate
- Other

Subject Area:

How many concurrent courses have you taught in the last 5 years?

Attach a copy of the following information:

- Resume
- Licensures, official transcripts and/or certifications
- Syllabus for all concurrent class(es)
- Copy of successful mandated reporter training