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: Subject Area:
☐ Certificate __________________________
☐ Associate __________________________
☐ Bachelor __________________________
☐ Master __________________________
☐ Doctorate __________________________
☐ Other __________________________

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