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.

PLEASE PRINT CLEARLY OR TYPE

| Instructor Name: | Date of Birth: |
|--|---------------------------------------|
| Social Security Number: | Gender: |
| Phone Number: Home Address: | |
| City, State, Zip Code: | |
| Instructor e-mail (most frequently used): | |
| On-site Supervisor/Location:(Example: Principal's n | ama Nama of High Sahaal) |
| | |
| Are you authorized to work indefinitely in the United S | states for any employer? |
| Have you had a background check within the past five | years? |
| Name of concurrent class (es) to be taught: (Example: Co | omposition, College Algebra, American |
| | |
| Please check all Degrees Completed: | Subject Area: |
| ☐ Associate | |
| ☐ Bachelor | |
| ☐ Master | |
| ☐ Doctorate | |
| ☐ Other | |
| How many concurrent courses have you taught in the l | ast 5 years? |
| Attach a copy of the following information: | |

| ☐ Licensures, official transcripts (for highest degree relevant to subject taught) and/or |
|---|
| certifications |
| ☐ Syllabus for all concurrent class(es) |
| ☐ Copy of successful mandated reporter training |