Dual Enrollment Instructor Application

Academic Courses	Occupational Courses
➢ Master's in the teaching field OR	➢ Criteria for academic courses OR
➢ Master's in any teaching field with 18 graduate credits in the teaching field (Level 500+)	➢ Bachelor's + 3 years work experience in the teaching field OR
	➢ 5 years work experience in the teaching field OR
	➢ Journeyman certification in the teaching field
BOTH: Complete EDU250 within the first semester of teaching for dual enrollment. Adjunct faculty of Maricopa Colleges have 2 years to complete the credit course. *Unless the requirement has already been fulfilled.	

Each of the following must be completed and submitted with this packet:

❑ Dual Enrollment Instructor Data Form
❑ Dual Enrollment Course Information Form

❑ Resume
❑ Official Transcripts from all institutions listed on resume
   NOTE: A copy of your official transcripts on file at the school or district office is acceptable, as long as they are verified and sent by a high school/district official.
   DO NOT order official transcripts to be delivered to CGCC.

❑ Letter of Employment (**For occupational/CTE only**)
❑ Fingerprint Clearance Card (**For EMT, Nursing, and Therapeutic Massage only**)
❑ CPR Certification from American Heart Association (**For Nursing only**)

Instructors: Submit to your high school Dual Enrollment Liaison for consideration for the next academic year. The review process may also include an on-site visit of your classroom and/or lab.

Liaisons: Send completed instructor application packet and copies of official transcripts by email to deinstructor-qual@cgc.edu.

NOTE: Incomplete Instructor Application packets will not be accepted.

MARICOPA COMMUNITY COLLEGES

Phone: 480.732.7006 | E-Mail: deinstructor-qual@cgc.edu

Visit us at www.cgc.edu/dual

MARICOPA COUNTY COMMUNITY COLLEGES
Chandler-Gilbert Community College

DUAL ENROLLMENT INSTRUCTOR DATA FORM

PERSONAL DATA

To Be Completed by Dual Enrollment Instructor – Please Print

NAME_____   SOCIAL SECURITY # _____
Print your full name exactly as it appears on your Social Security Card.   *Requested to insure no duplicate records are created.*

ADDRESS_____
    Street Address(with apt. #)   *City*   *State* *Postal Code*

PHONE_____   PREFERRED PHONE_____
 Check one: Cellular Work Other   *Check one:* Cellular Work Other

MALE FEMALE   BIRTH DATE_____   EMAIL _____

PERSONAL EMAIL_____

EMERGENCY CONTACT_____
    Name & Relationship   *Home Phone*   *Work Phone*

Have you ever worked for the Maricopa County Community College District before? Yes   No

HIGHEST LEVEL OF EDUCATION ACHIEVED: Tech/business School AA Bachelors Some grad school Masters JD
Doctorate MD DDS

ACKNOWLEDGMENT

By my signature below, I assert that all the information given in the "Dual Enrollment Instructor Data Form" is true and acknowledge understanding and agreement with all materials and conditions as stated. I understand that false information (misrepresentation or omission of information) may be the basis for termination of my role at CGCC. I authorize investigation of all statements contained herein and hereby release all parties from any liabilities that may result from furnishing such information.

Signature _____   *Date* _____

STATEMENT OF REGISTRATION STATUS

Per Arizona Revised Statute 38-201, effective September 20, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system." *Revised 7/21/2010.*

TO BE COMPLETED BY COLLEGE DEPARTMENT AUTHORIZER

Department: _____   Dates of service: FROM _____   TO: _____
           Required for HRMS Enrollment

Does person need access to computer systems? Yes No   Does person need an ID badge? Yes No

SUPERVISOR: _____
    Print Name   *Signature*   *Date*

HIGH SCHOOL _____   SEMESTER: Fall Spring

Course(s) _____

MARICOPA COUNTY COMMUNITY COLLEGE

Chandler-Gilbert Community College

A **MARICOPA** COMMUNITY COLLEGE

Dual Enrollment Course Information Form

Instructor Name:_____   School:_____
                                (Please Print)

Note: Courses offered for dual credit through CGCC must be listed in the Maricopa County Community College District (MCCCD) Dual Enrollment Catalog. The catalog can be accessed online by clicking here.

List all courses you are requesting to offer or teach for dual credit. Provide the CGCC course number and name and the corresponding course at your school. The first row is an example.

	CGCC*		High School	
	Course Number	**Title**	**Course Number**	**Title**
Ex.	ENG 101	First Year Composition	ENG 0511	Junior English
1				
2				
3				
4				
5				