

Get Ready to Move Mountains.

**CONCURRENT ENROLLMENT INSTRUCTOR APPLICATION**

Please type or clearly print

Date \_\_\_\_\_

**A. BIOGRAPHICAL INFORMATION**

Name \_\_\_\_\_  
First Middle Last

Mobile/Home Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

**B. INSTRUCTIONAL INFORMATION**

High School Name \_\_\_\_\_ District \_\_\_\_\_

High School Address \_\_\_\_\_  
Street City Zip

High School Main Phone \_\_\_\_\_ Extension \_\_\_\_\_

Work Email Address \_\_\_\_\_

Do you currently or have you in the past taught for CCCS?  Yes  No

If yes, please list the courses, semesters/years taught and supervisor:

**C. EDUCATION CREDENTIALS – Along with this application, please submit the following:**

- Unofficial graduate transcripts
- Current Resume
- CTE Credentials, if applicable

**ACC CE Course(s) to be Taught**

(See course catalog for a complete course listing, [ACC Course Catalog](#))

1. \_\_\_\_\_  
High School Course Name ACC Course Name

2. \_\_\_\_\_  
High School Course Name ACC Course Name

3. \_\_\_\_\_  
High School Course Name ACC Course Name

I understand teaching an ACC Concurrent Enrollment course requires me to adhere to all standards set by ACC and the Higher Learning Commission (HLC). I understand New Instructor Orientation, annual professional development, ACC course evaluations / observations, curriculum alignment, and adherence to timelines are necessary to remain eligible to teach an ACC Concurrent Enrollment course.

### Electronic Signature of Applicant:

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal from the Arapahoe Community College Concurrent Enrollment Program. I also understand that I am voluntarily providing the information on this application.

By entering my full legal name, I am creating an electronic signature as binding as my handwritten signature.

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Instructor

Date

### Electronic Signature of CE/CTE School District Administrator:

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for instructor rejection or dismissal from the Arapahoe Community College Concurrent Enrollment Program.

By entering my full legal name, I am creating an electronic signature as binding as my handwritten signature.

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CE/CTE District Administrator

Date

#### FOR COLLEGE USE ONLY

CE Liaison

Date

CE Specialist

Date

CE Director

Date

\_\_\_ Approved for \_\_\_\_\_  
academic year or semester

\_\_\_ Denied (explanation required below)

Explanation

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