



**High School Partnerships Center
Dual Credit Instructor Candidate Information Form
Application to Teach the Following Dual Credit Courses:**

Please Print

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt./Unit #

City State ZIP Code

School Phone: _____ School Email: _____

Cell Phone: _____ Home Email: _____

Education

Graduate Institution Name: _____

From: _____ To: _____ Degree Earned: _____

Undergraduate Institution Name: _____

From: _____ To: _____ Degree Earned: _____

Other College/University: _____

Employment

Current High School Assignment: _____
School Name Subject Years of Teaching Experience

Courses Taught: _____

Position and Years of Employment in Industry-Related Field _____

Signature _____ **Date** _____

FOR WAUBONSEE USE ONLY – COMPLETED UPON APPROVAL: _____
(Rev. 7/15) Assigned WCC X-Number

Social Security Number: _____ Birth Date: _____

Ethnicity (Choose from one of the following. For reporting purposes only.)

- | | | |
|-----------------------|--------------------------------------|---|
| _____ | 1 – Asian | 5 – White (Non-Hispanic) |
| Ethnicity Code Number | 2 – American Indian or Alaska Native | 6 – Non-Resident Alien |
| | 3 – Black or African American | 7 – Native Hawaiian or Other Pacific Islander |
| | 4 – Hispanic or Latino | 8 – Unknown or Other |