



INSTRUCTOR APPLICATION

Date: _____

Last Name _____ First Name _____

Address _____

Telephone _____
Home/Cell _____ Business _____

Email Address _____

EDUCATION

Undergraduate School _____ Degree/Major _____

Graduate School _____ Degree/Major _____

TEACHING EXPERIENCE

Full time _____ Adult Education _____
Years Years

Teaching Certificate _____
State & Type

_____ Endorsement(s)

_____ Date Of Expiration

Adult Education course to be taught _____

OTHER EXPERIENCE Briefly describe your experience(s) related to the course you intend to teach.



WINDSOR CONTINUING EDUCATION

In order to maintain a description of courses for printing in brochures and assisting students during registration, please fill out the following request for information. PLEASE PRINT

Course Title: _____

Course Description: Describe in one paragraph what will be covered in your course.

Delivery (circle one): In-Person or Online. This will be used to advertise your course in the adult education brochure.

What evening do you wish to teach Mon. or Wed.? _____

What time would you like your class to be scheduled? (Hours of operation are 6:00-8:00pm.) _____

How many weeks will be needed to complete your course? _____

What would you recommend as the maximum number of students in your course? _____

If you require textbooks or materials what is the cost per student? _____

Please specify any special setting or classroom requirements you have. _____

Is there any other information that should be noted?