

## **College Credit Plus Program Instructor Application**

All high school faculty interested in teaching in the Franklin University's College Credit Plus program must submit this completed and signed application and include an up-to-date resume, a reference letter from your superintendent or principal, and official transcripts for all completed degrees and post-graduate courses, as well as copies of certifications received, and copies of completed continuing education courses.

When requesting transcripts, please ask the conferring institution to send them directly to the Coordinator of the College Credit Plus program at the address listed below.

**Please note:** Your application will not be reviewed until we have received *all* necessary documentation. Applicants will be notified of the status of their application no later than two weeks after it is received by the University. Please make sure to reference the Instructor Application Checklist below to avoid delay and disqualification. Please submit this application and all supplemental materials to:

Franklin University, Attn: Jessica Jones, 201 S Grant Ave, Columbus, OH 43215

If you have any questions about this application, please do not hesitate to contact the College Credit Plus Department at ccplus@franklin.edu.

		Instructor Information		
Full name:				
_	Last	First	M.I.	
Home Address:	:			
	Street Address		Apartment/Unit No.	
	City	State	ZIP Code	
Home Phone:				
Home E-Mail:		Pref	erred E-Mail? Yes 🗌 No 🗌	
School E-Mail		Pref	erred E-Mail? Yes 🗌 No 🗌	
Date of Birth:				

## **Teaching Information**

Name of School District: Name of School: Address:					
	Street Address				
Total Years Teaching:	City State Licensed Teaching		ZIP Code g Areas(s):		
	Instructor	Information			
Degree Conferred (e.g. Ma Major(s):	ster of Science):	Minor(s):			
Degree Conferral Date or E	xpected Graduation Date (Mo/Yr)	):			
	City	Stat	e		
Degree Conferred (e.g. Ma Major(s):	ster of Science):	Minor(s):			
Degree Conferral Date or Expected Graduation Date (Mo/Yr): College/University Name:		):			
	City	Stat	e		
Degree Conferred (e.g. Ma Major(s):	ster of Science):	Minor(s):			
	xpected Graduation Date (Mo/Yr)	<del></del>			
	City	Stat	e		
Degree Conferred (e.g. Ma Major(s):	ster of Science):	Minor(s):			
	xpected Graduation Date (Mo/Yr)	):/			
	City	Stat	e		

## Content Area(s) to Instruct

Please indicate the content area(s) in which you are qualified and/or interested in teaching with an "X" below:						
AnthropologyBiologyBusinessChemistryCommunicationComputer ScienceCriminal JusticeEconomics	EducationEnglish/LiteratureEnvironmental ScienceExercise ScienceFinanceHealthMathManagement	PhilosophyPhysicsPsychologyReligionSpecial EducationSociologySports Management				
	Application Checklist					
<ul><li>☐ Current resume</li><li>☐ Letter of recommendation from</li><li>☐ Official transcripts for all comp</li></ul>	ched the following materials with your applicat m your superintendent or principal leted degrees and any post-graduate coursewor icate programs, licensure, or continuing education	k (if applicable)				
meet the same qualifications as any o	count for dual credit at the University, it is a requother faculty member teaching a comparable coulons icant and Superintendent or Principal Signature	urse on the University campus.				
Applicant Signature	Date					

Date

Superintendent or Principal Signature



## **Instructor Application Checklist**

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