



## 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:

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

- Unofficial graduate transcripts
- Current Resume
- CTE Courses (resume must include occupational hours)
- **CTE courses** will require Occupational Experience Verification form for all positions held within the last 7 years (5 for the health science programs) related to the field in which you are applying to teach.

An applicant with a related Bachelor's degree or higher – 2,000 occupational hours.

An applicant with a related Associate's degree or Industry license, certification or at the MINIMUM a high school diploma- 4,000 occupational hours.

- **Guaranteed Transfer (GT) courses**

Please list the graduate courses and credit hours (minimum 18 graduate hours) that apply towards the course you wish to offer for concurrent enrollment. Please note: graduate courses geared toward secondary education are not considered.

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**RRCC CE Course(s) to be taught**

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

1.	High School Course Name	RRCC Course Name	<i>Term: fall registration spring registration fall and spring registration</i>
2.	High School Course Name	RRCC Course Name	<i>Term: fall registration spring registration fall and spring registration</i>
3.	High School Course Name	RRCC Course Name	<i>Term: fall registration spring registration fall and spring registration</i>

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

\_\_\_\_ CE Department Chair \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ CE Dean \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ CE Director \_\_\_\_\_ Date \_\_\_\_\_

Approved for \_\_\_\_\_ Adjunct Instructor S# \_\_\_\_\_  
academic year or semester

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

Explanation

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\_\_\_\_\_  
\_\_\_\_\_  
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