

### School Information

Academic Year: \_\_\_\_\_ High School: \_\_\_\_\_

School District: \_\_\_\_\_ Start Date: \_\_\_\_\_ # of sections: \_\_\_\_\_ End Date: \_\_\_\_\_

Class Level: \_\_\_\_\_ Class Period/Time: \_\_\_\_\_ Full Year:  Half Year:   
(Honors, CP, etc)

**School/District Approval: To be completed by Principal or District Administrator.**

Date: \_\_\_\_\_

Principal: \_\_\_\_\_ District Administrator: \_\_\_\_\_ Approved: Yes  No   
(if required)

### Course Information

SNHU Course Name and Number: \_\_\_\_\_ Prerequisites: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

High School Course Name: \_\_\_\_\_ Prerequisites: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course Text: \_\_\_\_\_  Course Syllabus Attached

Comments: \_\_\_\_\_

**Course Approval: To be completed by the SNHU Department Chair or Faculty evaluator/mentor.**

Date: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_ Approved: Yes  No

### Instructor Information

Name: \_\_\_\_\_  New Instructor \*  Ongoing Instructor

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Teacher Certification Category: \_\_\_\_\_ Expires: \_\_\_\_\_

Bachelor's Degree Institution: \_\_\_\_\_ Major: \_\_\_\_\_

Master's Degree Institution: \_\_\_\_\_ Major: \_\_\_\_\_

Years of Secondary Teaching Experience: \_\_\_\_\_

\*New instructors are required to submit transcripts, resume, and cover letter/statement of expertise (if applicable) to teach course.

**Instructor Approval: To be completed by the SNHU Department Chair or Administrator.**

Date: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_ Approved: Yes  No