## **KENT STATE UNIVERSITY**

## **College Credit Plus**

## **Application for Dual Enrollment Educators**

Personal Information					
Legal Last Name		Legal First Nam			
Middle Name		Suffix (Sr.,	Jr., II, III, etc	5.)	
Previous Last Name					
Gender:					
Permanent Address and	d Phone				
Permanent Street Addre	ss			· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	Cou	nty	
Home Phone () _		_ Cell Phone (	)		
Email Address					
Current Employment					
High School Name					
School District					
High School Address					
City					
Phone ()					
Course(s) for which you are subject area, course numb	e requesting consideration	to teach through Co	llege Credit F		versity (Please indicate
Previous College Inform	nation				
Please submit official under	graduate and graduate coll	ege transcripts from a	any institution	listed.	
Institution	City/State	From - To Month and Ye	ear	Degree Obtained (if any)	List relevant graduate content specific coursework
		1			
Applicant's Signature	 Date				

Office Use Only					
Completed Application Received					
Applicant Resume/Curriculum Vitae					
Official Undergraduate College Transcript Received					
Official Graduate College Transcript Received					
Three Letters of Recommendation Received					
Approved Not Approved Date:					
Pre-College Staff Signature					
Date					
Comments					

## Contact Information Visit our website: www.kent.edu/ccp

Questions about the Kent State University College Credit Plus Program can be directed to the Office of Pre-College Programs

Mrs. Kristin Bechter, Assistant Director

kbechter@kent.edu Phone: 330-672-2313 Fax: 330-672-2499 Mrs. Cara Parker, Academic Program Officer

cwhite19@kent.edu Phone: 330-672-8682 Fax: 330-672-2499

Mail applications and official undergraduate and graduate transcripts to the following address:

Office of Pre-College Programs Administrative Services Building, Room 285 Kent State University P.O. Box 5190 Kent, OH 44242