

**Cooperative Academic Partnership Program**

**ADJUNCT INSTRUCTOR APPLICATION**

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| Date of Application: |       |  |
| Name: |       | Social Security Number: (needed for your account) |       |
| DOB: |       | Gender: |       | School Phone with ext.:  |       |
| Email Address: | Home: |       | School email: |       |
| Home Address: | Street: |       | City: |       | Zip: |       |
| High School: |       | Principal: |       |
| School Address: | Street: |       | City: |       | Zip: |       |
| Current Subjects or Courses you are teaching in High School: |       |
| CAPP Course you are interested in teaching: |       |
| First term you intend to teach the course:  | [ ] Fall [ ] Spring Year:       |
| Total years of teaching experience: | High School: |     | Advanced Courses in High School: |     | College courses: |     |

Have you applied to teach for another UW concurrent enrollment program?

 [ ] Yes [ ] No

Have you been asked to discontinue involvement in a UW concurrent enrollment program?

**[ ]** Yes [ ] No

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| Degree | Institution | Year Granted | Major(s) | Minor(s) |
|       |       |       |       |       |
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**Educational Background:**

**Teaching Credentials and Licenses**

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**Presentations, Publications, and Professional Memberships**

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**Statement of Interest in and Preparation for CAPP Instruction**

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A completed application will include:

* This application form
* Resume
* Copies of official transcripts (undergraduate and graduate)
* Letter of recommendation from Principal
* Proposed syllabus for CAPP course or example of other equivalent course

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Signature

Please send application materials to:

capp@uwosh.edu

OR

University of Wisconsin Oshkosh

ATTN: CAPP

800 Algoma Blvd

Oshkosh, WI 54901