

**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