

This form must be completed for each instructor listed on the CSUSB Extension or Contract Credit Course Proposal Form. Please submit all forms together.

Name: _____
(LAST) (FIRST) (M.I.)

Mailing Address: _____
(STREET) (APT. #)

(CITY) (STATE) (ZIP) Home Phone: (_____) _____

Other (Cell) Phone: (_____) _____

Business Address: _____
(EMPLOYER) (YOUR POSITION)

(STREET) (SUITE #)

(CITY) (STATE) (ZIP) Business Phone: (_____) _____

HAVE YOU TAUGHT FOR CSUSB/EXTENDED EDUCATION

(Please List.)

COURSE#	COURSE TITLE	SEMESTER/YEAR
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____

EDUCATIONAL BACKGROUND

DEGREE	INSTITUTION	COMPLETION DATE	MAJOR/EMPHASIS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT BACKGROUND (List most recent position first.)

POSITION	COMPANY/EMPLOYER	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL COMPETENCIES (Please list all credentials, certificates, certifications, articles, workshops, boards, and or other sustained professional engagement activities. Please include a resume or CV.)

PROFESSIONAL REFERENCES (Please provide the name, title, address and phone number of at least three individuals who are familiar with your qualifications, academic background, teaching skills and field of specialization.)

DEGREE	TITLE	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information presented on this form is accurate and true, to the best of my knowledge.

SIGNATURE OF INSTRUCTOR _____ DATE _____

College of Extended and Global Education use only

Approved to teach: _____

By: _____