

SHAWNEE COMMUNITY COLLEGE
Internal File Audit/Instructional Division

Name: _____ Part-time Full-time

Program Area: _____

Ph.D.: _____ Year: _____ University: _____

Masters: _____ Year: _____ University: _____

_____ Year: _____ University: _____

Bachelors: _____ Year: _____ University: _____

_____ Year: _____ University: _____

State License (if applicable): Number _____ Expiration _____

Bachelors with 18 hours in 400/500 level courses in discipline area. (List courses above bachelors that apply below):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses eligible to teach: (if more lines needed, please use back of sheet)

_____	_____	_____
_____	_____	_____
_____	_____	_____

CTE: Certification: _____

2,000 Hours Documented Work Experience: _____

- H.R. Documents: SCC Application
 Letter of Application
 Resume
 2 Letters of Reference
 Documentation of 2,000 hours (if applicable)

- | |
|---|
| <input type="checkbox"/> Employed For:
<input type="checkbox"/> Summer
<input type="checkbox"/> Fall
<input type="checkbox"/> Spring

<input type="checkbox"/> Not employed at this time |
|---|

Human Resource Officer Signature

Date

Dean of Instructional Services Signature

Date

Division Chair / Administrator

Date

Vice President of Instructional Services Signature

Date