

Central Community College Early College Course Request Form



(Complete one form for each course request)

Name of High School _____

CCC Course Title _____

High School Instructor _____

Course Start Date & End Date _____

High School Semester

High School Contact Information:

_____/_____/_____ / _____ / _____
 Print Administrator Name Phone Email

_____/_____/_____ / _____ / _____
 Print Instructor Name Phone Email

Please include the following information:

College Level Degrees/Endorsements:

College/University	Degree/Endorsement	Completion Date

Local, State, National Certifications:

Organization	Certification	Completion Date

Indicate Your Year(s) of Teaching and Experience in the Content Area

Years of Teaching Experience	Content Area

Relatable Work Experience Outside of Education (i.e. Business, Industry):

Employer and Job Title	Essential Skills Performed In This Position	Years of Experience

With this form attach: Instructor College Transcripts (official or unofficial copy) and current resume.

RETURN TO:

Central Community College

Jamey Peterson-Jones | Early College Director

jameypeterson@cccneb.edu | 308-398-7581 | 1-877-222-0780 ext. 7581