

COLLEGE CREDIT ADVANTAGE PROGRAM NEW TEACHER PROPOSAL FORM

HIGH SCHOOL INFORMATION		
High School		
High School Address		
Program Liaison	Job Title	
Email	Phone No	
TEACHER INFORMATION		
Teacher's Name	Approved Teacher?	Yes No
Email	Phone No	-
Years of Teaching Experience Gra	duate Degree	
Additional Materials: In addition to this complete considered to teach a dual-enrollment course through	· ·	erials to have this teacher
Undergraduate and Graduate Transcripts:	ne must include evidence of at least three yea Approved teachers must have a Master's De ation with a concentration in the subject area	gree in the subject area of
PLEASE NOTE: All teachers who plan to teach t teachers must submit a "New Teacher Proposal Fo		ourse and are not current
COURSE INFORMATION		
Adelphi Course Title		
Course No	Target Start Date FALL 20	SPRING 20
Course Title at High School		
PLEASE SUBMIT THIS FORM AND ALL AL	DDITIONAL MATERIALS BY EMAIL. FA	AX, OR MAIL TO:

Adelphi University Office of High School and Pre-College Programs 1 South Avenue Garden City, NY 11530

E ccap@adelphi.edu F 516.877.3039

PLEASE NOTE: The submission of this completed form and the above listed materials does not guarantee that the teacher will be approved to teach a dual-enrollment course through the College Credit Advantage Program.