

## **COLLEGE CREDIT PLUS (CCP) INSTRUCTOR APPLICATION**

**APPLICANT INFORMATION** *(To be completed by the applicant):*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name or Initial

\_\_\_\_\_  
Social Security Number or Banner ID Number

\_\_\_\_\_  
E-mail Address (YSU E-mail address preferred, if available)

\_\_\_\_\_  
Mailing Address: *(Location where you receive mail ----i.e. PO Box, etc.)*

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Permanent Address: *(Location where you receive mail ----i.e. PO Box, etc.)*

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Employer

\_\_\_\_\_  
Business Phone

**ACADEMIC BACKGROUND** *(Transcript showing highest degree earned must be submitted to the academic department to which you are applying):*

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Year

\_\_\_\_\_  
Major

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Year

\_\_\_\_\_  
Major

**Have you ever been an employee of YSU?** Yes  No

**Are you currently an employee of YSU?** Yes  No

Applicant's Signature on this form verifies the above to be true. \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

***To be completed by Department:***

**APPLICATION REVIEWED; APPLICATION MEETS CRITERIA FOR PART-TIME TEACHING.**

DEPARTMENT \_\_\_\_\_ DEPT. ORG. NO. \_\_\_\_\_

\_\_\_\_\_  
Chairperson's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

