

## Concurrent Enrollment Program

## **NEW CONCURRENT INSTRUCTOR INFORMATION SHEET**

Please fill out this form and email it to your mentor.

Instructor Name:	High School Name:	
Phone Number(s):	E-Mail:	
Course Title:	Semester(s):	Number of Sections:
When does your school semester begin and end?		
When does the school day begin and end?		
When is your prep hour?		
When does your class meet? (List all times if teaching more than one section)		
What is the best time to reach you?		
I prefer to communicate via:Office PhoneE	mailCell Phone	
Have you ordered a textbook? If so, which one?		
If you have had previous college teaching experience or teaching:	training, please describe when,	where and what you were
Please add any comments or concerns you think would	help your mentor understand yo	ou and your needs better: