

UConn Early College Experience
Instructor
Certification
Application

Date _____

Personal Information

Dr. Mr. Mrs. Ms. Mx.

Male Female Non Binary

First Name _____ Middle Name _____

Last Name _____ Maiden or Former Name _____

Date of Birth _____ *Social Security Number _____

Home Address _____

City _____

State _____ Zip Code _____

Summer Address _____ Same as above

Home Phone _____ May we contact you here? Y N

Mobile Phone _____ May we contact you here? Y N

Personal Email Address _____

Work Email Address _____

Applying to teach UConn course(s) _____

Visit ece.uconn.edu for a complete course listing. The UConn course name and number must be listed in order to direct your application to the appropriate department.

Institution Information

High School Name _____

High School Mailing Address _____

City _____

State _____ Zip Code _____

High School Phone _____ Extension _____

I understand that obtaining certification requires me to adhere to all standards set by the University of Connecticut and by [NACEP](#) (National Alliance of Concurrent Enrollment Partnerships). I also understand that professional development and workshop attendance are necessary to remain certified to teach UConn Early College Experience courses. My principal has agreed to allow release time to attend UConn workshops on campus.

Instructor /S/ Signature / _____

*The University requests that you provide your social security number. We are required by federal law to inform you of this request. The University assigns each instructor a unique identifier that is not the SSN that is used for most administrative purposes.

Upload completed application in zip file with required documentation

ece.uconn.edu/instructors/become-an-instructor

Submit Application Materials Here