

Personal Information

Full Legal Name:	
Street Address, City, State, Zip:	
County:	
School Email:	
Telephone Number:	

Submit the following documentation with this form:

- Current resume that includes all relevant work experience and training
- Unofficial copies of college transcripts

Email this form and documentation to FerrisNow@ferris.edu

High School / Career Tech Center Information

High School / Career Tech Center Name:	
School Telephone Number:	
HS / CTE Building Administrator Name:	
Building Administrator Telephone Number:	
Building Administrator Email:	
Term Structure (quarters, trimester, semester, year-long):	

Courses Interested in Teaching Through Ferris

Ferris Course Number	Ferris Course Title

Ferris State University Faculty Use Only

Please check one: Instructor Approved Instructor Not Approved (please include rationale below)

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List the course(s) the high school instructor meets qualifications to teach through concurrent enrollment

Ferris Course Number	Ferris Course Title

FSU Faculty Reviewer Signature

Date

FSU College Dean Signature

Date

Return this form to FerrisNow@ferris.edu. You may contact us at (231) 591-5983 or by email with any questions.

Thank you.