

## Credential Review Form

One form per Instructor/per Discipline

Teacher's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

List the CSN Courses you are applying to teach: \_\_\_\_\_

High School: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

By signing below, I acknowledge the following:

- I support the application of the above-named teacher in CSN's Jumpstart Concurrent Enrollment Program
- The high school is responsible for providing students with the required textbooks. A classroom set of textbooks can be maintained for future classes.
- Concurrent enrollment classes must have a minimum of ten (10) students and a maximum enrollment of 35.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CSN ADMINISTRATION USE ONLY

Approved College Course(s)	Decision	CSN Academic Department
	Please Check One:	Date Received: _____
	Approved ( <input type="checkbox"/> )	Received By: _____
	Denied ( <input type="checkbox"/> )	Date Reviewed is Completed: _____
	Dept. Chair Signature:	Credentials Reviewed By (Print Name):
	_____	_____

If the applicant is denied, please provide the reason(s) the applicant was not approved. Also, provide any potential steps to prepare the applicant should they decide to attempt to reapply in the future. Attach additional document if necessary.

---



---