IPFW Collegiate Connection Teacher Application

This application is required for high school teachers who desire to teach concurrent credit courses for Indiana University-Purdue University Fort Wayne (IPFW). In addition, teachers should submit a current syllabus for the course(s) that will be reviewed for concurrent credit certification, all postsecondary transcripts, and three professional references. Submit these materials to Jennifer Mayhall, mayhallj@ipfw.edu, by fax to 260.481.6949, or by mail to the Collegiate Connection Teacher Coordinator, IPFW Division of Continuing Studies, 2101 East Coliseum Blvd, Fort Wayne, IN 46805. Questions? 260.481.6624.

A. Personal Information

(*Required Information)

*First Name __________________________ *Middle Initial _______ *Last Name __________________________

*Social Security No. __________________________ *School of Employment __________________________

*Home Address __________________________ *Birth Date (mm/dd/year) _________________

*City __________________________ *State _______ *Zip Code __________________________

*Home Phone __________________________ *School Phone __________________________ *Cell Phone __________________________

*School Email __________________________ *Home Email __________________________

B. Educational Background

Include all institutions attended. List most recently attended first. If more space is needed, please attach additional pages.

School & Location __________________________________________________________________________

Degree & Date __________________________________________________________________________

School & Location __________________________________________________________________________

Degree & Date __________________________________________________________________________

School & Location __________________________________________________________________________

Degree & Date __________________________________________________________________________

C. Professional Certification & License(s).

List any teaching, school-related certificates, including AP certification or other credentials you hold. Copies of your certificates and/or professional licenses should be submitted with your application.

Level or type of certification/license __________________________ State/Professional Body __________________________

Level or type of certification/license __________________________ State/Professional Body __________________________

Level or type of certification/license __________________________ State/Professional Body __________________________
D. Professional Experiences. List all major positions held since graduation from college, beginning with the most recent.

Position __________________________________________ Institution & Location ______________________ Dates _________________
Course(s) Taught __________________________________________________________________________________________________________

Position __________________________________________ Institution & Location ______________________ Dates _________________
Course(s) Taught __________________________________________________________________________________________________________

E. Collegiate Connection Course Information. List the course(s) you are seeking approval to offer at your school (include the IPFW equivalent course number if known).

High School Title __________________________________________ IPFW Course Equivalent ______________________________

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F. Transcripts. An official transcript from each institution previously attended must be provided, including those showing degrees conferred. Minimum overall GPA requirement: 2.5/4.0. If you have taken classes at IPFW, Indiana University or Purdue University, we can obtain your transcript if you initial the line below:

Mail transcripts to: Collegiate Connection Teacher Coordinator, IPFW Division of Continuing Studies, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805

Indicate where you have taken courses: _____ IPFW _____ Indiana _____ Purdue

_____ Yes, I give permission to the Collegiate Connection office to obtain my official transcript(s) from IPFW, IU or Purdue.

G. Professional References. Three letters of recommendation are required from individuals who can best judge your abilities as an educator. At least one letter must be from a previous or current principal, superintendent, director, or other supervisor. The other two may be from another source. Letters can be mailed to the Collegiate Connection Teacher Coordinator, IPFW Division of Continuing Studies, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805 or sent by e-mail on school letterhead to mayhallj@ipfw.edu. List the persons to whom you have sent the request.

Name & Position/Location __________________________________________________________________________________________________________

Name & Position/Location __________________________________________________________________________________________________________

Name & Position/Location __________________________________________________________________________________________________________

H. School/Administrator Approval. Signatures below indicate approval to process this application to offer IPFW Collegiate Connection Concurrent Enrollment (Collegiate Connection) course(s) at your school.

Principal Name (please print) _______________________________________________________________________________________________
Principal Signature ___________________________ Date __________________
Applicant Signature ___________________________ Date __________________