



College Career Pathways Teacher Certification Application

Please complete this form, sign, date and mail with your resume and transcripts to:

Robert A. Henderson, Director of Cooperative Education, Manchester Community College, MS #8, P.O. Box 1046, Manchester, CT 06045-1046

Email: rhenderson@manchestercc.edu Phone: 860-512-3312 Fax: 860-512-3371

APPLICANT INFORMATION

Last Name		First Name		MI
Street Address				
City			State	Zip
Home Phone Number		Cell Phone Number		Work Phone Number
Personal Email			Work Email	

MCC COURSE(S) YOU ARE APPLYING TO TEACH:

Visit www.manchestercc.edu/catalog for a complete course listing found in the academic catalog. The MCC course number and name (example: ACC* 231: Cost Accounting I) must be listed in order to direct your application to the appropriate department.

Course Number	Course Name
Course Number	Course Name
Course Number	Course Name

INSTITUTION INFORMATION

High School Name		High School Main Phone/Extension	
Street Address			
City		State	Zip
Principal's Name		Phone/Extension	

REQUIRED

I understand that obtaining certification requires me to adhere to all standards set by Manchester Community College. I also understand that professional development and workshop attendance are necessary to remain certified to teach MCC courses. My principal has agreed to allow me release time to attend MCC workshops on campus.

Applicant's Signature	Date
Principal's Signature	Date

**This application must be submitted with a resume and transcripts from undergraduate and graduate studies.
Copies of transcripts on file with your institution or Board of Education will be accepted.**

EMPLOYMENT OTHER THAN TEACHING

List in reverse chronological order beginning with your current/last position

Dates (From - To)	Institution and Location	Position

Please describe other professional development, continuing education or experience that should be considered in your application to teach Manchester Community College courses.