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)

<table>
<thead>
<tr>
<th>Decision</th>
<th>CSN Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Check One:</td>
<td>Date Received:</td>
</tr>
<tr>
<td>Approved (____)</td>
<td>Received By:</td>
</tr>
<tr>
<td>Denied (____)</td>
<td>Date Reviewed is Completed:</td>
</tr>
<tr>
<td>Dept. Chair Signature:</td>
<td>Credentials Reviewed By (Print Name):</td>
</tr>
</tbody>
</table>

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.