



Office of High School and Pre-College Programs
Nexus Building, Room 104
One South Ave.
Garden City, NY 11530
P 516.977.3046
F 516.877.3039

High School Program Request for New Teacher Approval Consideration

Please complete and return this form, along with the supporting materials listed below, to the **Office of High School and Pre-College Programs**, for consideration to teach an Adelphi High School Program approved course. *Please note that supporting materials will not be accepted without this form.*

To be considered to teach an Adelphi High School Program approved course, please provide the following for review:

1. Current Resume/CV
2. Undergraduate and Graduate Transcripts
3. Evidence of Teaching for AT LEAST Three (3) Years
4. Evidence of a Master's Degree in the Subject Area Being Taught OR a Master's Degree in Education with a Concentration in the Subject Area

High School Name _____

High School Address _____

Name of Contact for High School Programs _____

Job Title _____ **Phone No.** _____

Email Address _____

Name of Teacher/Applicant _____

Email Address _____ **Phone No.** _____

Adelphi Course Title(s) _____

Course No. _____ **Target Start Date** FALL 20__ SPRING 20__

Please note that the submission of this form and the above listed materials DOES NOT guarantee that a teacher will be approved to lead an Adelphi High School Program approved course.