

Alvin Community College Dual Enrollment ISD Faculty Recommendation

Complete the form below to recommend an ISD Faculty instruction for any ACC college course. The form should be completed and submitted to the College & Career Pathways Office by May 1 prior to the fall semester.

High School/District:			
High School Principal:			
ACC Course to be taught:	School Year:		
Teacher Information: Name:			
Phone:			
Email:			
Physical Address:			
Degree Information:	(City)	(State)	(Zip)
	Bachelors: *Masters: e a Master's degree <u>with/and</u> 18hrs of discipline specific coursework.		
Does this teacher have 18hrs of graduate level	coursework in the discipline the	ey desire to teac	ch?
If CTE recommendation, list experience that qu			
Number of years in the district:			
Principal/Designee Signature:	Date	:	
I understand that if allowed to teach for the ACC Du Orientation and other ACC Professional Developme			ulty
Teacher Signature:	Date:		
Attach unofficial copies of graduate transcripts and profes	sional resume for review by the ACC I	Department Chair an	d Dean.
Date Received: Approved/Denied:	Dean Initials:		 d: Feb-2019