

New Teacher Application

Teacher Information

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Direct School Phone/Extension _____

Email Address _____

Summer Email _____

Date of Birth (required): _____

Total years of teaching high school _____ MN Licensure File Folder#: _____

Academic Course/Discipline (if more than one class is being requested, all MUST be listed here)
requesting to Teach: _____

School Information

School _____

School Address _____

City, State, Zip _____

School Phone _____ School Fax _____

Principal Signature _____ Date _____

Principal Email _____

Attach cover letter, current/ updated curriculum vitae along with college/university transcripts
(both undergraduate & any/all graduate work completed) and letter of reference from your Principal

Fax to: College Now Program (507) 537-6472 or

Mail to: College Now, SMSU, 1501 State Street, Marshall, MN 56258