



Form C - Documentation of Teaching & Leadership Experience

APPLICANT'S NAME \_\_\_\_\_ DATE: \_\_\_\_\_

FOR EDLD APPLICANTS: YOU MUST HAVE AT LEAST 3 YEARS OF FULLTIME EXPERIENCE TEACHING IN A SCHOOL SETTING IN ORDER TO QUALIFY FOR THIS PROGRAM. PLEASE ATTACH A COPY OF YOUR VALID COLORADO TEACHING LICENSE.

FOR EDTL APPLICANTS: YOU MUST HAVE AT LEAST 2 YEARS OF FULLTIME EXPERIENCE TEACHING IN A SCHOOL SETTING IN ORDER TO QUALIFY FOR THIS PROGRAM. PLEASE ATTACH A COPY OF YOUR VALID COLORADO TEACHING LICENSE.

FOR ESOL & EDSE APPLICANTS: THERE IS NO PRIOR FULLTIME TEACHING EXPERIENCE REQUIRED, THOUGH YOU MUST ATTACH A COPY OF YOUR VALID COLORADO TEACHING LICENSE & DEMONSTRATE THAT YOU CURRENTLY HOLD A POSITION IN WHICH YOU WORK WITH STUDENTS.

IN THE SPACE BELOW PLEASE LIST ALL PREVIOUS TEACHING EXPERIENCE STARTING WITH THE MOST RECENT AND WORKING YOUR WAY BACK. BE SURE TO FILL IN "YEARS TAUGHT" IN TERMS OF DATES. (EXAMPLE: AUG. 2009 – MAY 2012)

School: \_\_\_\_\_ Years Taught: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Leadership experiences: \_\_\_\_\_

School: \_\_\_\_\_ Years Taught: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Leadership experiences: \_\_\_\_\_

School: \_\_\_\_\_ Years Taught: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Leadership experiences: \_\_\_\_\_

School: \_\_\_\_\_ Years Taught: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Leadership experiences: \_\_\_\_\_

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE. ATTACH A 2ND SHEET IF MORE ROOM IS NECESSARY.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_