

PLEASE RETURN THIS FORM DIRECTLY TO THE CENTER FOR TEACHER EDUCATION AT:



COLORADO MESA UNIVERSITY
CENTER FOR TEACHER EDUCATION
1100 North Ave. • Grand Junction, CO 81501
Phone (970) 248-1618 • gradprograms@coloradomesa.edu

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: _____