



**SAUT CE Course(s) to be Taught**

- 1. \_\_\_\_\_  
High School Course Name SAUT Course Name
  
- 2. \_\_\_\_\_  
High School Course Name SAUT Course Name
  
- 3. \_\_\_\_\_  
High School Course Name SAUT Course Name

**I understand teaching an SAUT Concurrent Enrollment course requires me to adhere to all standards set by SAUT. I understand New Teacher Orientation, annual professional development, site visits /classroom observations, curriculum alignment, and adherence to timelines are necessary to remain eligible to teach an SAUT Concurrent Enrollment course.**

**Signature of Applicant:**

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal from the SAU Tech Concurrent Enrollment Program. I also understand that I am voluntarily providing the information on this application.

\_\_\_\_\_  
Instructor Date

**CE/CTE School District Administrator:**

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for instructor rejection or dismissal from the SAU Tech Concurrent Enrollment Program.

\_\_\_\_\_  
CE/CTE District Administrator Date

<b>FOR COLLEGE USE ONLY</b>	
CE Coordinator	Date
Dean	Date
VC of Academics	Date
	____ Approved for _____ academic year or semester
	____ Denied (explanation required below)
Explanation	
_____	
_____	
_____	