

CTE COURSE APPLICATION

Submit All Application Documents via email to
Dawn Gross: dawng@uvu.edu

Date: _____ Proposed Semester Start Year: Fall _____ or Spring _____

High School: _____ School District: _____

INSTRUCTOR INFORMATION

Full Name: _____

UVU ID # (if applicable): _____ Birth Date (MM/DD/YYYY): _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

School E-mail Address: _____ Cell Number: _____

Have you taught a Concurrent Enrollment course for UVU before? Yes No

COURSE INFORMATION

To help enter the information below, visit:
<https://ushe.edu/concurrent-enrollment-master-list/>

High School Course Name: _____

State CIP Code: _____

UVU Course Name: _____ UVU Course Credit Hours
1 2 3 4

UVU Course Number: _____ (ex: ENGL 1010)

If Applicable: UVU Lab Course Number: _____ UVU Lab Credit Hours
1 2

High School Course will be offered:

- Fall Semester Only (Aug - Jan) Fall AND Spring Semester (Aug - Jan | Jan - May)
 Spring Semester Only (Jan - May) Full Year Only (Aug - May)

Is this a new CE course at the high school: Yes No

If no, list the name of the instructor being replaced: _____

CTE COURSE QUALIFICATIONS

Required Application Documents:

- Course Application page
- Course Qualification page
- Resume
- Unofficial Transcripts
- Additional Documentation for:
AVSC: Pilot Licenses

Full Name: _____

UVU Course Number(s): _____

Identify and describe which of the following statements you qualify under per the Utah Board of Regents Policy

A degree in the course academic field:

A certificate in the course Academic field:

Industry certification in the course's Academic field

Qualifying experience, as determined by the institution of higher education

*If marked qualifying experience, please explain why you feel you meet the qualifications to teach this college-level course:

Optional: Note for the UVU Department to consider when reviewing your application: