



# Instructor Approval Cover Sheet

Directions: This form is to be completed for each new instructor as well as for a current instructor who is proposing a new course as part of a tech-prep dual-credit course between UAS and a Tech Prep Education Partner.

### Instructions/Checklist

1. Complete this cover sheet.
2. Attach your current resume.
3. Attach copies of your transcripts. (Please note: Only copies of your transcripts are needed at this time.)
4. Attach your proposed syllabus.
5. Email this cover sheet and all required attachments to the UAS Tech Prep Regional Coordinator

Instructor Name: \_\_\_\_\_ Affiliated School District: \_\_\_\_\_

District Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Professional Email: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ UA ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PROPOSED COURSE

UAS: Subject \_\_\_\_\_ Course # \_\_\_\_\_ Title \_\_\_\_\_

Proposed Start Date: Semester \_\_\_\_\_ Year \_\_\_\_\_ Course Offered: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Both

District Course Title: \_\_\_\_\_

### UAS APPROVAL SIGNATURES

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

\_\_\_\_\_  
UAS Program Head Signature & Date

\_\_\_\_\_  
UAS Academic Dean or Designee Signature & Date

If rejected, please briefly explain why so teacher & district can address deficiencies: