



# Dual Enrollment

## Instructor Qualifications & Requirements

Instructor's Name:	MCCCD MEID:	Date:
High School:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING   YEAR:	
High School Course(s):	College Course(s):	College Department:
<b>SUBMIT PAPERWORK FOR <u>SPRING</u> 2026 DEADLINE:</b>	<b>SUBMIT PAPERWORK FOR <u>FALL</u> 2026 DEADLINE:</b>	
<b>OCTOBER 15, 2025</b>	<b>APRIL 7, 2026</b>	
<b>ACADEMIC QUALIFICATIONS</b> SELECT ALL THAT APPLY	<b>OCCUPATIONAL QUALIFICATIONS</b> SELECT ALL THAT APPLY	
<input type="checkbox"/> Master's degree or higher in the discipline to be taught	<input type="checkbox"/> The same qualifications as those listed for Academic Qualifications	
<input type="checkbox"/> Any Master's degree or higher with 18 graduate credit hours in the discipline to be taught	<input type="checkbox"/> Master's degree or higher with 24 upper division and/or graduate credits in the discipline	
<input type="checkbox"/> <b>(Exercise Science ONLY)</b> Bachelor's degree in field and Three (3) Years sports medicine or athletic training instructor or clinical athletic training experience documented by an employment verification letter and documentation of Board of Certification for the Athlete Trainer (BOC) certification.	<input type="checkbox"/> <b>(For Nursing ONLY)</b> Master's degree and Two (2) Years occupational experience in Nursing or a Bachelor's degree in Nursing (BSN) and Three Years of occupational experience in Nursing	
	<input type="checkbox"/> Any Bachelor's degree and Three (3) Years of occupational experience in the discipline to be taught	
Find more information on our <a href="#">Faculty Credentials</a> .	<input type="checkbox"/> Five (5) Years of occupational experience in the discipline to be taught	
<b>Submit required documents by secured e-mail or mail to GCC's Dual Enrollment Program.</b>		
<input type="checkbox"/> Person of Interest Data Form (POI)	<input type="checkbox"/> Résumé	
<input type="checkbox"/> MCCCD Application	<input type="checkbox"/> Unofficial Transcripts	
<input type="checkbox"/> MCCCD Faculty Hiring Qualifications Verification Form	<input type="checkbox"/> Acknowledgement of Dual Enrollment Instructor Expectations and Responsibilities	
<input type="checkbox"/> Occupational Areas Only - Occupational Letter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No   Date Received: _____ Sample Occupational Letter within packet. College courses that fall under occupational may require this depending on education level.		
<input type="checkbox"/> College Syllabus (submit updated college syllabus each semester teaching) <input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
<b>After you receive approval to teach, you must complete the following courses for access to college systems:</b>		
<input type="checkbox"/> Annual Information Security and Privacy Awareness course (comprised of Human Firewall, FERPA & Data Security and Privacy Administrative Regulation Compliance). <b>This is required each year.</b>		
<input type="checkbox"/> EDU 250-Overview of the Community Colleges or equivalent course. _____ Term Completed: _____ <b>OR</b> <input type="checkbox"/> Dual Enrollment Program in the Maricopa County Community College District (MCCCD), an online, free course through Employee Learning Center, must be completed by end of the first semester teaching dual enrollment. Completed: _____		
<b>Note: Dual enrollment instructors teaching dual enrollment classes <u>will</u> have a classroom observation by a college faculty member for three (3) consecutive semesters, then annually.</b>		
<b>**INTERNAL BELOW FOR DUAL ENROLLMENT USE ONLY**</b>		
<input type="checkbox"/> 1 <sup>st</sup> Evaluation _____	<input type="checkbox"/> 2 <sup>nd</sup> Evaluation _____	<input type="checkbox"/> 3 <sup>rd</sup> Evaluation _____
<input type="checkbox"/> 1 <sup>st</sup> Annual _____	<input type="checkbox"/> 2 <sup>nd</sup> Annual _____	<input type="checkbox"/> 3 <sup>rd</sup> Annual _____
<input type="checkbox"/> 4 <sup>th</sup> Annual _____	<input type="checkbox"/> 5 <sup>th</sup> Annual _____	<input type="checkbox"/> 6 <sup>th</sup> Annual _____
Department Chair/Liaison Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied   Date: _____   Initials: _____		
<input type="checkbox"/> Delivered to HR/other college	Date Delivered: _____	

If you have any questions, you may contact the Dual Enrollment Program at 623.845.4821 or at [dualenrollment@gccaz.edu](mailto:dualenrollment@gccaz.edu)

## Dual Enrollment Instructors Expectations and Responsibilities

As a Dual Enrollment instructor, I acknowledge and agree to the following:

- ☐ I am qualified to teach the assigned Dual Enrollment classes and have been approved by Glendale Community College's (GCC) Faculty Chair/designee for the instructional area.
- ☐ I have provided all the necessary documents and information requested by the Dual Enrollment office: GCC's Dual Enrollment Faculty Hiring Qualifications and Requirement Packet.
- ☐ I will complete the **Annual** Information Security and Privacy Awareness (includes FERPA I) training online which contains three modules: Security Awareness Training (30-minute training); FERPA: Level I (30-minute training) and Data Security and Privacy Administrative Regulations before I am granted access to my dual enrollment classes. Instructions are emailed.
- ☐ I will check my Maricopa email frequently or forward this email to another email that I check frequently.
- ☐ I understand I must complete EDU250, Teaching and Learning in the Community Colleges OR complete the free, non-credit "Dual Enrollment Program in MCCCCD" within the Learn Center (LC) my first semester of teaching dual enrollment.
- ☐ I will meet all college course competencies for the Dual Enrollment classes I teach, maintain academic rigor and will use a college level textbook approved by GCC's faculty for each class.
- ☐ I will provide a college syllabus to the GCC faculty chair for approval. Once approved, at the beginning of each semester I am teaching, I will provide an updated copy of the **college syllabus** to the Dual Enrollment office and a copy to all the dual enrolled students.
- ☐ I will communicate dual enrollment information to students which includes:
  - Assist students with college course testing requirements
  - Announce registration and payment deadlines
  - Email parents about dual enrollment opportunities and deadlines
  - Provide registration information to potential dual enrollment students
  - Assist students with the process and answer questions
  - Complete GCC's online college course level assessment during the semester the class is offered
- ☐ I will complete required enrollment procedures by deadline dates:
  - Submit any drops or swapping of sections by students **before** the 45<sup>th</sup> day of each semester
  - Certify my 45<sup>th</sup> day rosters online before deadline, if I fail to do this I may not be allowed to offer dual enrollment in the future
  - Submit final grades online within 5 days of the end of a semester and adhere to the Maricopa Grading Policy
- ☐ Keep a list of dual enrolled students on file through the end of the current school year.
- ☐ I understand my classroom will be observed three consecutive times for the required college course evaluation and then on an annual basis. I will cooperate with GCC faculty chair/liaison when conducting college course evaluation and provide a copy of an updated, college approved syllabus to the evaluator. College course evaluations will not be conducted during the months of December and May when possible.
- ☐ I will allow class time to administer classroom evaluations to students.
- ☐ I will complete an end of year survey for GCC's NACEP certification.
- ☐ I will inform GCC as soon as possible in the event of the following situations: change in contact information, necessity of a prolonged absence, resignation, or any change in teaching status.

By signing below, I acknowledge my responsibilities and will retain a copy of this form for my reference.

---

**Print Name**

---

**Signature**

**MARICOPA COMMUNITY COLLEGES****Person of Interest (POI) Data Form***To Be Completed by POI – Please Print*

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

*Print your full name exactly as it appears on your Social Security Card*

ADDRESS \_\_\_\_\_

*Street Address (with apt. #) City State Postal Code*

PHONE ( ) \_\_\_\_\_ PREFERRED PHONE ( ) \_\_\_\_\_

*Circle one: Cellular/Work/Other Circle one: Cellular/Work/Other*

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

*Name & Relationship**Home Phone**Work Phone*

Have you ever worked for the Maricopa County Community College District before? \_\_\_\_\_ Yes \_\_\_\_\_ No

HIGHEST LEVEL OF EDUCATION ACHIEVED: ( ) Less than high school ( ) High school graduate ( ) Tech/business School

( ) Some college ( ) AA ( ) Bachelors ( ) Some grad school ( ) Masters ( ) JD ( ) Doctorate ( ) MD ( ) DDS

**ACKNOWLEDGMENT**

By my signature below, I assert that all the information given in the "Person of Interest" form is true and acknowledge understanding and agreement with all materials and conditions as stated. I understand that false information (misrepresentation or omission of information) may be the basis for termination of my role at CGCC. I authorize investigation of all statements contained herein and hereby release all parties from any liabilities that may result from furnishing such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF REGISTRATION STATUS**

Per Arizona Revised Statute 38-201, effective September 20, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system." Revised 7/21/2010.

**TO BE COMPLETED BY DEPARTMENT AUTHORIZER**Check one: *(see reverse for definitions)*

(X) DUAL ENROLLMENT INSTRUCTOR ( ) CONSULTANT ( ) AGENCY TEMPORARY ( ) CALL CENTER

( ) RETIRED EMPLOYEE ( ) UNPAID INTERN ( ) VOLUNTEER ( ) VENDOR ( ) ESS EDUCATIONAL SVCS.

Department: Dual Enrollment Dates of service: FROM 07/01/2025 TO: 06/30/2026Position# 10015600**Required for HRMS Enrollment**Does person need access to computer systems? X Yes \_\_\_ No Does person need an ID badge? X Yes \_\_\_ NoSUPERVISOR: Micheile Ujke \_\_\_\_\_*Print Name**Signature**Date**For Employee Services use only:*☐ Loyalty Oath☐ Copy of SS

HRMS entry \_\_\_\_\_ SIS ID # \_\_\_\_\_ Person ID # \_\_\_\_\_ FERPA \_\_\_\_\_

Input/Processed by \_\_\_\_\_ Date \_\_\_\_\_

## *Person of Interest Analysis*

Employee Services strives to provide customers with most efficient service possible. This form will assist us in providing you with the best possible customer service. Please use the following to select the type of POI you are bringing forward, so that our office can best determine your needs.

### Person of Interest Analysis

Person of Interest Category	Check one that applies	Next Step	Definition
Dual Enrollment Instructor	<input checked="" type="checkbox"/>	Complete POI Packet Retain originals in Division files Forward appropriate copies to Employee Services	Teaches college-level courses to High school students and are not compensated by MCCCCD
Consultant	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Hired to do specialized work on certain projects and are paid by outside sources
Agency Temporary Employee (such as Kelly Services Employee)	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Temporary agency employees that come to work for MCCCCD and are paid by the temporary agency
Retired Employee	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Retired employees who continue a relationship with MCCCCD are changed from Employee status to Person of Interest status
Call Center Employee	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Employees who provide support for some of our systems and are paid by the contracted company
Unpaid Intern	<input type="checkbox"/>	Complete POI Packet and Forward everything to Employee Services Retain copy of "field placement agreement" in dept.	Can be any member of the community who is completing an internship for their degree program at a university
Volunteer*	<input type="checkbox"/>	Complete POI Packet and *MCCCCD Volunteer Forms* Forward everything to Employee Services	Can be any member of the community working on a volunteer basis
Vendor (i.e. Follett or Chartwells employee)	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Vendors are companies that provide services to MCCCCD employees and students
ESS Educational Services	<input type="checkbox"/>	Complete POI Packet Forward entire packet to Employee Services	Are contract relationships with MCCCCD for specialized programs For example: hospitals providing adjuncts for nursing program and/or Fire Science/EMT department



Employee Services  
Maricopa Community Colleges  
2411 W. 14<sup>th</sup> Street,  
Tempe, AZ 85281-6942

Job Hotline: (480) 731-8444  
Web Site: [www.dist.maricopa.edu/hrweb](http://www.dist.maricopa.edu/hrweb)

Input Operator \_\_\_\_\_

## FACULTY, STAFF AND MANAGEMENT EMPLOYMENT APPLICATION

Applications are accepted only for those positions advertised in our Job Opportunities Bulletins. A separate application is required for each position. **A cover letter that specifically addresses the minimum and desired qualifications for the job is highly recommended.** Applications must be received by the closing date stated on the Job Opportunities Bulletin. Applications may be hand delivered, mailed, faxed to (480) 731-8599, or deposited in the drop box outside the District Office building by 5:00 p.m. on the closing date Arizona time (Arizona does not observe Daylight Savings Time).

A completed application packet for **faculty** must also include the attached Course Completion Form. See [www.dist.maricopa.edu/hrweb](http://www.dist.maricopa.edu/hrweb) for complete information on how to apply for faculty positions.

POSITION:		Posting #:	
Last Name:		First Name:	MI :
Street Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:	Message:	
Driver's License Number:	State:	Currently Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number:	
Email address (optional) :			
Have you ever been employed by MCCCCD? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, from _____ to _____	
Position(s) held:		Location:	
Are you related to any MCCCCD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name:		Relationship: Location:	
Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details including charges, dates and locations. A conviction will not necessarily disqualify an applicant from the position sought.			
Are you a US military service veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*"Convicted of a crime" means entry of a final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in a court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

<b>EDUCATION: CHECK HIGHEST GRADE COMPLETED</b>				
High School:    9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> H.S. Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> GED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
College or University Name and Location		Credit hours Sem                  Qtr		Degree, if completed, or expected date
<b>Summary of Courses Taught:</b> Please list all of the courses you have <b>taught</b> in the discipline for which you are applying.				
Dates Taught: From/To		Course Title		
List Teaching certifications (indicate discipline)/Current Licenses/Professional Registrations/Certifications			State	Expiration Date
Professional Memberships (Do not include those that indicate race, color, origin, sex, age, or religious beliefs.)				
<b>COMPUTER SKILLS:</b> List the computer software programs and hardware with which you are proficient.				
SOFTWARE & HARDWARE		SOFTWARE & HARDWARE (cont.)		
Other Training: Name and address of school(s)		Course of Study		Diploma/Certificate

**EMPLOYMENT HISTORY: List your employment history (including military experience) beginning with your current or last position within the last ten years. A resume and cover letter are highly recommended but will not be accepted in lieu of a completed application form. If you had more than one position with the same employer, list each separately. Attach additional sheets for continuation if necessary, following the same format. Failure to provide this information may result in your application not receiving proper consideration.**

Employer:		Employment Dates: From:	
		To:	
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Description of Work:			
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Employment Dates: From:	
		To:	
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Description of Work:			
Reason for Leaving:			
Employer:		Employment Dates: From:	
		To:	
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Description of Work:			
Reason for Leaving:			
Employer:		Employment Dates: From:	
		To:	
Your Job Title:			Part time <input type="checkbox"/>
			Full time <input type="checkbox"/>
Address:			
Supervisor:		Title:	Phone:
Description of Work:			
Reason for Leaving:			

REFERENCES: Please list the names and telephone numbers of three professional references (co-workers, customers, and/or supervisors other than those listed above).

Name	Relationship	Telephone Number

IF I AM NOT CHOSEN FOR THIS POSITION, PLEASE FEEL FREE TO SHARE INFORMATION ABOUT ME WITH OTHER MCCCCD OFFICES AND COLLEGES SO THEY MIGHT CONTACT ME AND INVITE ME TO APPLY FOR A SIMILAR POSITION. (NOTE: YOU STILL MUST APPLY FOR ANY ADVERTISED POSITION OF WHICH YOU ARE INTERESTED).

☐ Yes

☐ No

### PLEASE READ CAREFULLY

The Maricopa County Community College District does not discriminate in hiring or in the terms or conditions of employment on the basis of race, color, religion, sex, national origin, Vietnam-era veteran, disability status or sexual orientation. Federal law prohibits discrimination on the basis of age against persons 40 and older. No question on this application is intended to secure information to be used for such discrimination.

---

### APPLICATION ACKNOWLEDGEMENT

---

I hereby authorize Maricopa County Community College District to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to MCCCCD all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release MCCCCD, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

- I understand that employment into a driving position is dependent upon a safe driving record.
- I understand that employment into a short term or temporary position may be terminated without cause at any time.
- I understand falsification or omission of facts is sufficient cause for dismissal if an applicant is hired, regardless of the date of discovery.
- My signature below asserts that all information given in this application is true, and acknowledges my understanding and agreement with all material and conditions as stated.

---

Applicant Signature

Date

**A Course Completion form is required for all faculty applications. Go to <http://www.dist.maricopa.edu/hrweb/ct.doc> to access the Course Completion form.**



**EQUAL EMPLOYMENT OPPORTUNITY SURVEY  
MARICOPA COMMUNITY COLLEGES**

Date: \_\_\_\_\_

**TO ALL APPLICANTS**

Maricopa Community Colleges is an Equal Opportunity/Affirmative Action Employer and complies with all applicable federal and state regulations. We are required to solicit the information indicated below. This information is kept for statistical reporting and Federal EEO/AA requirements. Once received, this information will be kept separate from your application materials and will be treated in high confidential manner. Your responses are voluntary and your cooperation in providing this information is appreciated. Please return this form with your application.

Name: (Last, First, MI)		Social Security Number
POSITION APPLIED FOR	DEPARTMENT/COLLEGE	POSTING NUMBER

**ETHNICITY**

- ☐ (1) White/Caucasian: (Not of Hispanic Origin): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ (2) Black/African American (Not of Hispanic Origin): A person having origins in any of the Black racial groups of Africa.
- ☐ (3) Hispanic/Chicano: A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ (4) Asian or Pacific Islander: A person having origins in any original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, and Bangladesh.
- ☐ (5) American Indian or Alaskan native: A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition.

**GENDER**

☐ Male      ☐ Female

**NOTE:** We are a federal contractor and receive federal financial assistance and are therefore subject to Section 503 and Section 504 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. These Sections require us to take affirmative action to employ and advance in employment qualified handicapped individuals (section 503) and special disabled veterans and veterans of the Vietnam Era (Section 402). If you are handicapped or a special disabled veteran, covered by this Program and would like to be considered under our Affirmative Action Program, please complete the information below. This Information is strictly voluntary.

**VETERANS STATUS**

- ☐ (1) Vietnam Era Veteran: Person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975, and who was so discharged or released within 48 months preceding an alleged violation of the Vietnam Era Veterans Readjustment Assistance Act.
- ☐ (2) Special Disabled Vietnam Veteran: Person who is a Vietnam era veteran and who is entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- ☐ (3) Special Disabled Veteran: Person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

## APPLICANT SOURCE DATA

Name		Social Security Number
Position Applied For	College	Posting #

## HOW DID YOU LEARN OF THIS POSITION

The following are resources that are used by the Maricopa Community Colleges Employee Services Department in recruitment efforts. So that we may assess which are most effective, please indicate how you learned of this position.

- ☐ AACHE-Arizona Association of Chicanos for Higher Education (17)
- ☐ Arizona Republic Advertisement (7)
- ☐ Arizona Informant (10)
- ☐ Asian Sun News (36)
- ☐ Asian American Times
- ☐ ASU Graduate List (80)
- ☐ Chronicle of Higher Education: **Newspaper** (23)
- ☐ Chronicle of Higher Education: **Internet site** (94)
- ☐ Employment Agency(29)
- ☐ Employee Referral (5)
- ☐ Prensa Hispana (95)
- ☐ 50 Plus (50)
- ☐ Job Fair (31) Specify \_\_\_\_\_
- ☐ MCBAA-Maricopa Council on Black American Affairs (18)
- ☐ Maricopa Community Colleges: Internal Job Opportunities Bulletin (1)
- ☐ Maricopa Community Colleges: External Job Opportunities Bulletin (2)
- ☐ Maricopa Community Colleges: Hotline (3)
- ☐ Maricopa Community Colleges: Web Site (45)
- ☐ MCCC Association of Asian and Pacific Islander (84)
- ☐ Military (40)
- ☐ Minority Community Organization (53) \* Specify \_\_\_\_\_
- ☐ National Conference (74) Specify \_\_\_\_\_
- ☐ Radio Announcement (32)
- ☐ Recruitment Brochure/Flyer (25)
- ☐ Recruitment Trip (26) \* Specify \_\_\_\_\_
- ☐ Professional Journal (14)\* Specify \_\_\_\_\_
- ☐ Tribune (8)
- ☐ U of A Graduate List (82)
- ☐ UTEC-United Tribal Employee Council (18)
- ☐ Walk-In (4)
- ☐ [www.ccollegejobs.com](http://www.ccollegejobs.com)
- ☐ [www.higheredjobs.com](http://www.higheredjobs.com)
- ☐ [www.careerbuilder.com](http://www.careerbuilder.com)
- ☐ [www.jobing.com](http://www.jobing.com)
- ☐ Other Source (97) \* Specify \_\_\_\_\_

## Sample Occupational Letter

### Sample Occupational Letter

- Must be on company letterhead.
- Must include dates of employment and duties or tasks performed.
- Must specify if work experience is full-time or part-time
- Must include the number of hours worked per week.

**Note:** This is not a letter of recommendation. It is a letter documenting your work experience.

Glendale Community College  
6000 W. Olive Avenue  
Glendale, AZ 85302  
RE: Your Name

To Whom It May Concern:

John Doe was employed at Coconino Community College, Lone Tree Campus from January 1995 to March 1999 on a full-time basis (40 hours per week) or part-time basis (20 hours per week). During this time frame John performed the following jobs:

**Computer Lab Assistant:** John provided software support to students enrolled at CCC. He ran the open computer lab, and helped with required record keeping, and hardware and software problems.

**Contact Training Instructor:** John presented 8-hour contact training sessions on the various Microsoft and Corel software applications. He also presented Windows 95 and Internet sessions as well.

**Classroom Assistant:** John supported instructors by operating the computer for presentation of lecture materials while the instructor conducted the lesson.

John demonstrated proficiency in the use of computer software while performing the above jobs.

If I can provide any other information, please contact me at (123) 456-7890.

Sincerely, Human Resources/Your Boss/Your Colleague  
Title



## DUAL ENROLLMENT COURSE APPROVAL

Name of High School

---

High School Course Teacher

---

College Department/Division

---

Note: Courses offered for dual credit through GCC must be listed in the Maricopa County Community College District (MCCCD) Dual Enrollment Catalog. If the GCC course is unknown, please contact the GCC dual enrollment office.

List all courses you are requesting to offer or teach for dual credit. Provide the GCC course number, name, and the corresponding course at your school. The first row is an example.

College			High School	Semester
Course Prefix	Title	Credits	Title	Fall, Spring, or Yearlong
e.g. ENG101	First-Year Experience	3	AP Literature	Fall/Spring

\*If more than one college course listed, will the students be required to enroll in both courses? Yes ☐ No ☐

What is the class modality? ☐ Hybrid ☐ Online ☐ Face-to-Face

Signatures indicates course alignment is approved to award both high school and college/university credits, verification of minimum teacher qualifications have been met according to HLC.

---

High School Course Teacher Signature

---

Date

---

High School District Dual Enrollment Liaison Signature

---

Date

---

College Course Department Chair/Designee Signature

---

Date

---

College Dual Enrollment Coordinator Signature

---

Date

**Attach copies of high school course standards with curriculum map and college competencies syllabus.**