

MCTC CollegeNOW! Program

High School Partner Teacher Application

Please type or print clearly

Attach your	resume and photoco	pies of all college	e transcripts with th	<mark>is application</mark>					
	Please check if attached	d: ☐ Resume	e □College Transcript	S					
Last Name		First Name		M.I.					
Home Street A	Address	City	State Zip Cod	e					
Home Phone	Wor	k Phone	Cell Phone						
Email Address		High Schoo	l Where You Are Curre	ently Teaching					
(Applicant signat	ure and date)								
Please indicate which MCTC course are you interested in teaching:									
Please indicate the proposed textbook you would like to use for the course: (List name, publisher, copyright date. Textbook must be college level and approved by MCTC. MCTC retains the right to require same textbook as used on campus.)									
-	ng this box, I unders		d be teaching an M	ICTC course					

☐ By checking this box, I am indicating that my high school principal approves of my application to teach a concurrent enrollment course.						
EDUCATION (Please list B.A./B.S. Degree and all graduate work here)						
If you do not have a Master's degree in the field you wish to teach, how many graduate cr in the field do you hold?	edits					

Name of Institution	Degree				Competed	Majar	
Name of Institution	B.A.	B.S.	M.A.	M.S.	Yes or No	Major	

Please Return Completed Application and Supporting Materials to:

Sandra Gonzalez, Director, CollegeNOW!

Minneapolis Community and Technical College
1501 Hennepin Avenue
Minneapolis, MN 55403

Telephone: 612-659-6771 Email: sandra.gonzalez@minneapolis.edu

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612-659-6000 MN Relay Service 1-800-627-3529 This document is available in alternative formats to individuals with disabilities by calling Disability Services at 612-659-6730 (voice) or through MN Relay Service at 1-800-627-3529.

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