



**EXTENDED INSTRUCTION PROGRAM APPLICATION
SCHOOL OF GRADUATE, ONLINE AND CONTINUING
EDUCATION FACULTY POOL**

I hereby apply for enrollment in the Fitchburg State School of Graduate, Online and Continuing Education faculty pool. If I wish to stay in the pool beyond the initial 3-year period, I understand that I must reapply prior to the expiration thereof.

Extended Campus Program Agency: _____

Name: _____ Date: _____

Address: _____

*Signature: _____

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Office Use Only

Date entered pool _____

All paper requirements have been submitted:

Semester _____ Year _____

EXG: _____

Cathy Montague, Extended Campus

Expiration Date: _____

Meets Criteria for Faculty Pool as Defined by Contract:

*Lisa Moison, Associate Dean, School of Graduate, Online
and Continuing Education*

Approved:

*Nancy L. Murray, Interim Dean-School of Graduate Online
and Continuing Education*

*The University reserves the right to interview candidates prior to acceptance into the Faculty Pool. Nothing in this paragraph shall or be deemed to constitute any instructor an employee of Fitchburg State University or the Commonwealth of Massachusetts; every such instructor shall, for all purposes, be and be deemed to be working under contract with the Agency, and the Agency shall, in respect of all such instructors, have the sole and exclusive duty and responsibility to comply with all provisions of law, state and federal, that govern the relationship between the instructor and the Agency.

**EXTENDED INSTRUCTION PROGRAM
INSTRUCTOR MASTER FILE
INFORMATION REQUEST**

The following information is required for the faculty master file:

Name: _____
 First Middle Last

Social Security # _____ - _____ - _____

Date of Birth (month/day/year) _____

Home Address _____
 Number Street

 _____ _____ _____

Home Telephone # () _____ Business: () _____
 Area Code Number Area Code Number

Email Address _____ Fax # _____

Work Address _____
 Business/Agency Number Street

 _____ _____ _____

Highest Degree: _____ Date Awarded: _____

College or University: _____

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FOR OFFICE USE ONLY

Instructional Specialization: _____ Location: _____

Visiting Lecturer Rank: _____ Date of Appointment: _____