

**FITCHBURG STATE UNIVERSITY  
CONTINUING EDUCATION FACULTY POOL  
\*\*\**Extended Instruction Program*\*\*\***

Members in good standing must maintain a completed Personnel file. *Incomplete applications will not be held for more than 3 months.* The following must be received in order to complete your file:

**PLEASE NOTE**

**ALL INSTRUCTORS MUST BE APPROVED IN THE FITCHBURG STATE UNIVERSITY FACULTY POOL BEFORE THE COURSE CAN BE CONSIDERED FOR APPROVAL.**

- Extended Instruction Program application to the Continuing Education faculty pool (attached)
  
- Instructor Master File Information Request (attached)
  
- Resume
  
- Degree Authorization Form (for highest degree) (attached)

*Please return all completed documentation to [cmontague@fitchburgstate.edu](mailto:cmontague@fitchburgstate.edu)  
or mail to the address below.*

**Fitchburg State University  
Extended Campus Programs  
Attn: Cathy Montague  
160 Pearl Street  
Fitchburg, MA 01420**

**EXTENDED INSTRUCTION PROGRAM APPLICATION  
GRADUATE AND CONTINUING EDUCATION  
FACULTY POOL**

I hereby apply for enrollment in the Fitchburg State Graduate 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, Assistant Dean, Graduate and Continuing  
Education*

Approved:

\_\_\_\_\_  
*Bruno Hicks, Dean of Education*

\*The University reserves the right to interview candidates prior to acceptance into the Faculty Pool. Nothing in this paragraph C 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

\_\_\_\_\_  
                    City                                    State                                    Zip Code

Home Telephone # (     ) \_\_\_\_\_ Business: (     ) \_\_\_\_\_  
                    Area Code     Number                    Area Code     Number

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Work Address \_\_\_\_\_  
                    Business/Agency                    Number                    Street

\_\_\_\_\_  
                    City                                    State                                    Zip Code

Highest Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

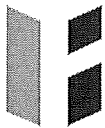
College or University: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Instructional Specialization: \_\_\_\_\_ Location: \_\_\_\_\_

Visiting Lecturer Rank: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_



# FITCHBURG STATE UNIVERSITY

## Authorization for Release of Information

The National Student Clearinghouse is Fitchburg State University's authorized agent for providing degree and enrollment verifications for prospective employees. Completion of this release will grant Fitchburg State the authorization to obtain this information, as it pertains to your prospective employment.

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**INSTRUCTIONS:** Complete the form below. Please note that **all** fields are required. Print, sign, and return the completed form to Extended Campus Programs within 48 hours of receipt. You may scan this form and email it to [cmontague@fitchburgstate.edu](mailto:cmontague@fitchburgstate.edu) or fax it to 978-665-3639. The original document should be submitted before you begin working.

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Name: \_\_\_\_\_

Name at Time of Attendance (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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Please list all of the schools that you have attended. If applicable, be sure to include schools that you have attended but not graduated from.

Undergraduate School(s):

\_\_\_\_\_  
\_\_\_\_\_

Graduate School(s):

\_\_\_\_\_  
\_\_\_\_\_

Post Graduate School(s):

\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_

By signing below, I grant Fitchburg State University the authority to obtain my degree, enrollment, and licensure information through the National Student Clearinghouse. I understand that if my records are unavailable, I will be required to submit official transcripts to the Office of Human Resources, prior to being hired.

Signature: \_\_\_\_\_

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