



ACCELERATED COLLEGE EDUCATION (ACE) PROGRAM

FACULTY CREDENTIAL APPLICATION SUNY CORNING COMMUNITY COLLEGE

Directions: This application should be completed by high school faculty seeking approval to teach SUNY Corning Community College courses to high school students in the ACE program.

Please return the completed form to:

ace@corning-cc.edu

OR

Accelerated College Education (ACE) Office
SUNY Corning Community College
1 Academic Drive
Corning, NY 14830

Please print or type all information:

Date: _____

Name: _____
 First Middle Last

Address: _____
 No. Street City State Zip

Home Phone: _____ E-Mail: _____

Social Security #: _____ Date of Birth: _____

Business Address: _____

Title or Position: _____

ACE courses you are particularly interested in teaching:

Principal's Signature: _____ Date: _____

Education: List chronologically your college degrees and graduate work completed. Indicate progress towards graduate degrees, if applicable.

Institution	Dates Attended From-To	Degree or Hours Completed	Major Field of Study
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Experience: Teaching, educational, administrative, and other. Start with most recent.

Institution	Dates of Employment	Subjects Taught/Job Responsibilities
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Professional
Affiliations: _____

Publications, Awards, Honors, Special Interests: _____

Transcripts of all college work must be submitted with this application.
(Copies are acceptable)