

**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
extended_campus@fitchburgstate.edu or mail to the address below.*

**Fitchburg State University
Extended Campus Programs
160 Pearl Street
Fitchburg, MA 01420**

**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: _____
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:

Mojdeh Bayat, Dean-School of 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

 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: _____



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.

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 dmarzuca@fitchburgstate.edu. The original document should be submitted before you begin working.

Name: _____

Name at Time of Attendance (if different): _____

Date of Birth: _____ Social Security Number: _____

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: _____