

**FITCHBURG STATE UNIVERSITY**  
**CONTINUING EDUCATION FACULTY POOL**  
**\*\*\*Center for Professional Studies\*\*\***

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.**

- Center for Professional Studies application to the Continuing Education faculty pool (attached)
  
- Instructor Master File Information Request (attached)
  
- Resume
  
- Degree Authorization Form (for Highest Degree Earned) (attached)

***Please return all completed documentation to [tmcgrat3@fitchburgstate.edu](mailto:tmcgrat3@fitchburgstate.edu) or mailing to the address below:***

**Fitchburg State University**  
**Center for Professional Studies**  
**Attn: Tracy McGrath**  
**160 Pearl Street**  
**Fitchburg, MA 01420**

**CENTER FOR PROFESSIONAL STUDIES APPLICATION  
FACULTY POOL**

I hereby apply for enrollment in the Fitchburg State University 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.

Agency or School District intended to teach for: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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**Office Use Only**

Date entered pool \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Expiration Date \_\_\_\_\_

All Paper Requirements Have Been Submitted:

\_\_\_\_\_

Meets Criteria for Faculty Pool as Defined by Contract:

\_\_\_\_\_

Approved by Dean of Education:

\_\_\_\_\_

**CENTER FOR PROFESSIONAL STUDIES  
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

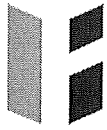
Highest Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

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

**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.

**INSTRUCTIONS:** Complete the form below. Please note that **all** fields are required. Print, sign, and return the completed form to Center for Professional Studies within 48 hours of receipt. You may scan this form and email it to [tmcgrat3@fitchburgstate.edu](mailto:tmcgrat3@fitchburgstate.edu) or fax it to 978-665-3639.

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: \_\_\_\_\_