



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

## **Early College Dual Enrollment Program**

### **Course Request/Teacher Nomination Form (Appendix D)**

**School:** \_\_\_\_\_

**District:** \_\_\_\_\_

Please complete the form below, using the course numbers and names on the attached list. For term, indicate whether a course will be offered during the Fall semester, Spring semester, or full year. For each instructor, please attach a current resume including contact information, detailed educational experience (institutions attended, degrees earned, dates), relevant teaching experience, and any relevant professional experience in the academic area.

<b>1.</b>	<b>Course Number</b>	<b>Course Name</b>	<b>Term</b>	<b>Instructor</b>
<b>2.</b>				
<b>3.</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10.</b>				

The undersigned affirms that the instructors nominated to teach courses in the FDU Early College Program are presently employed in good standing by the school/school district. The undersigned affirms that the school/school district has verified the academic credentials of the nominees and has conducted all legally mandated background checks. The undersigned pledges to notify FDU of any changes to the employment status and/or standing of a nominee. The undersigned acknowledges that FDU reserves the right to reject nominees who do not meet its customary criteria or require a probationary period (one course) under the mentorship of a member of the FDU faculty.

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

Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return forms to:**  
**Jakyrria S. Tyson, M.S. - Director, FDU Early College Program**  
**Office: 201-692-6504, Cell: 973-202-9600, Fax: 973-443-8513**  
**Email: [j.tyson@fdu.edu](mailto:j.tyson@fdu.edu)**