

**Erie Community College
Advanced Studies
Fax: 716-851-1272
Adjunct Teacher Information Form**

Teacher Name: _____

What date and time would you like ECC to register your students?

First Choice: Date:

Second Choice: Date:

**Please write all of the ECC course numbers that you plan on offering for this school year.*

High School Course Information

ECC Course Number	Start Date	End Date	Days Offered	Times Offered

*** Please circle the phone number or email address that is the best way to reach you.**

School Information

High School _____

Address _____

Phone _____ **Email** _____

Extension _____

Personal Information

Address _____

Phone _____ **Cell** _____

Email _____