

SMITHTOWN CENTRAL SCHOOL DISTRICT
INTEREST APPLICATION for ADULT CONTINUING EDUCATION

Complete and mail to:

Smithtown Adult Continuing Education
26 New York Ave., Unit 1
Smithtown, NY 11787
(631) 382-2090

Name _____ Date _____

Address _____
 Street Town Zip Code

Phone (home) _____ (business) _____ (cell) _____

E-Mail (print clearly) _____

What course(s) are you qualified to teach to adults? _____

Describe any experience you have had working with adults. _____

Describe employment or volunteer experience pertinent to the course described above.

Present Employment: (Please include address and phone number.)

References: (Please include address, phone number and email address for each.)

1. _____

2. _____

3. _____

Instructors are not permitted to use their courses for personal gain or to solicit clients or customers.

On back, please outline your class/workshop/seminar proposal to include description of offering, materials needed (if any), time frame, and number of sessions.

