







Applicant's Name \_\_\_\_\_

**Director of Education**

School Name \_\_\_\_\_

Supplemental Page

The Director of Education must *qualify* to teach at least one subject offered by the school. Please consult page 7 of the current Instructor Application (PS-002) to identify the appropriate educational qualifier, and include below with accompanying supportive information requested. Directors and/or DOEs who will actually teach must submit Instructor Application, Form PS-002.

\* Instructor Qualifier from page 7 of the current Instructor Application (PS-002): \_\_\_\_\_

**9. SUBJECT APPROVAL** (Please follow carefully the instructions for completing this section.)

In the blanks entitled "Subject(s) to be taught" **list the individual subject(s) exactly as they appear in the school catalog.**

In the "Applicant's Educational History" section, list the postsecondary courses successfully completed that relate to the "Subject(s) to be taught" you have listed, identifying the number of hours completed for each course.

In the "Applicant's Work Experience" section, include all the information requested regarding your work and/or teaching experience within the last ten years only and that is related to the "Subject(s) to be taught."

**Subject(s) to be taught (as named in the school catalog):**

**Applicant's Educational History** (postsecondary courses successfully completed and related to the above subjects):

Course(s) Taken	No. of Hours	Clock Hrs.	Semester Hrs.	Quarter Hrs.
_____	_____	(____)	(____)	(____)
_____	_____	(____)	(____)	(____)
_____	_____	(____)	(____)	(____)

**10. Applicant's Work Experience:** Please include all the information requested regarding your work and/or teaching experience within the past ten years and related to the "Subject(s) to be taught" you have listed above.

Job Title \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ Thru \_\_\_\_\_ TOTAL \_\_\_\_\_  
 (mm/yy) (mm/yy) (years/months)

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Area Code & Phone \_\_\_\_\_

Describe the work you performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Copy this page if additional space is needed to include the information required by the Instructor Qualifier you listed above.)*

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.