

South Seattle Community College

Continuing Education Department

Instructor's Biographical Information

Name _____
Address _____

Telephone (Day) _____ Evening _____
Email _____ Fax _____

Education (degrees, certificates, etc.)

<u>Institution</u>	<u>Degree</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience

<u>Institution</u>	<u>Course</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

Publications

Relevant Employment or Experience

References

	<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Relationship</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Attach resume or other information related to topic or subject.

Return to:

Continuing Education Department
South Seattle Community College
6000 16th Avenue SW
Seattle, WA 98106-1499

Attention: Laura Matson