

REACH Program Teacher Application



Teacher Information

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Direct School Phone/Voicemail _____

Email Address _____

Date of Birth: _____ Total years of teaching high school _____

Title of High School Course: _____

Title of Equivalent Minnesota West Course: _____

Educational Background: (please include with college/university transcripts (both undergraduate & any/all graduate work completed with this application):

College Name: _____ Degree Earned: _____ College

Name: _____ Degree Earned: _____

College Name: _____ Degree Earned: _____

High School Information

School _____

School Address _____

City, State, Zip _____

School Phone _____ School Fax _____

*Principal Signature _____ Date _____

Principal Email _____ **Return**

Form to:

Minnesota West Community & Technical College
Kent Dahlman
1450 Collegeway
Worthington, MN 56187

For Office Use Only

Faculty Approved: _____

Date: _____

Syllabus Approved: _____

Date: _____

Faculty Mentor: _____

3/29/2024