



KIDS University Instructor Data Sheet

Full Name: _____

Class interested in teaching: _____

Name as you wish it to appear in the brochure: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____

E-Mail Address: _____

In Case of an Emergency, Please Contact: _____

Their Day Phone Is: _____ Evening Phone: _____ Fax Number: _____

Status in School: Full Time Student Part Time Student

Undergrad Graduate

Degree(s) Earned: _____

Major in School: _____

Year in School: _____ Anticipated Graduation Date: _____

Do You Hold a Valid Substitute License?: _____

Any Major Allergies or Illnesses: _____

Staff Shirt Size (**Please Circle One**): S M L XL XXL

Any Addition Information You Would Like Us to Know (i.e. experience, educational background, areas of expertise): _____

*** If you have previously taught for Kids University and are interested in offering the same class for Kids University again, please contact Crystal Adams as soon as possible at crystal@unr.edu



Instructor References

Instructor Name _____ **Proposal Title** _____

For New Instructors Only

Please include three (3) references regarding your teaching experience/expertise.

Please Print

1. Name _____

Firm _____

Phone _____

2. Name _____

Firm _____

Phone _____

3. Name _____

Firm _____

Phone _____