

*Application to Instruct for REAL*

Please fill out and submit the following information to **Bill Freeman,**  
**Director-Regional Education Academy for Leadership**

[wfreeman@stfrancis.edu](mailto:wfreeman@stfrancis.edu)



**UNIVERSITY OF ST. FRANCIS**  
**COLLEGE OF EDUCATION**

*Understanding Students ~ Serving the Community ~ Finding Our Professional Selves*

**ADJUNCT/ELP ADVISOR DATA SHEET**

Starting term \_\_\_\_\_

(Returning adjuncts please fill out any information that has changed.)

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Circle Dr. Mr. Mrs. Ms. First Middle Last

Home Address \_\_\_\_\_

City State Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home E-mail Address \_\_\_\_\_ (Preferred: \_\_\_\_ Yes \_\_\_\_ No)

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_

Work E-mail Address \_\_\_\_\_ (Preferred: \_\_\_\_ Yes \_\_\_\_ No)

Ethnicity- Please check one:

- American Indian or Alaskan Native     Asian or Pacific Islander     Hispanic     Black, non-Hispanic  
 White -non-Hispanic     Two or more races     Other     Decline

**IN CASE OF EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address: City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Please Include: (A current resume and the data sheet must be received by the College of Education before a contract can be issued. The remaining documents need to be submitted prior to the end of the first teaching semester.

- CURRENT RESUME
- A COPY OF YOUR TEACHING CERTIFICATE/GENERAL ADMINISTRATIVE
- REQUEST 3 LETTERS OF REFERENCE
- HAVE OFFICIAL TRANSCRIPTS SHOWING YOUR HIGHEST DEGREE SENT

Please return to the University of St. Francis, College of Education. Attn: Bill Freeman

3033 Jefferson Street, Suite 102 Joliet, IL 60435

**“Thank you for your time and commitment to the University of St. Francis”**