



## Niagara University Senior Term Enrichment Program (NUSTEP)

### Instructor Application

Academic Complex, Ste. 329B • P.O. Box 2029 • Niagara University, N.Y. 14109-2029 • Phone 716.286.8185 • www.niagara.edu/nustep

Please complete this application and return it, and all required documents, to the NUSTEP office via mail, or email to agruhalla@niagara.edu.

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

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

Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Email (home) \_\_\_\_\_ Email (school) \_\_\_\_\_

Niagara University course and intended semester I will teach \_\_\_\_\_

#### Education

School/s	Degree/s	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Professional References (not related to you)

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Please list any recognition/awards received relating to successful teaching:

\_\_\_\_\_

\_\_\_\_\_

Please attach to this application:

- Copies of all educational credentials  
• Transcripts and certificates (including all undergraduate and graduate coursework)  
from each institution attended.
- CV or résumé of qualifications
- Two letters of recommendation

I attest that the above information is true. I give Niagara University permission to contact my references.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Niagara University approval:

\_\_\_\_\_  
NU Department Chair

\_\_\_\_\_  
NU Academic Vice President

\_\_\_\_\_  
NU Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date