

**SMITHTOWN CENTRAL SCHOOL DISTRICT
INTEREST APPLICATION for ADULT CONTINUING EDUCATION**

Complete and mail to

Smithtown Adult Continuing Education
26 New York Ave., Unit 1
Smithtown, NY 11787
(631) 382-2090

Name _____ Date _____

Address _____
Street Town Zip Code

Phone (home) _____ (business) _____ (cell) _____

E-Mail (please clearly) _____

What are your qualifications to teach adults? _____

Describe any experience you have had working with adults. _____

Describe employment and/or experience pertinent to the course described above. _____

Present Employment (Please include address and phone number) _____

References (Please include address, phone number and email address for each.)
1. _____

On back, please outline your class/workshop/seminar proposal to include description of offering, materials needed (if any), time frame, and number of sessions.

