EVERETT COMMUNITY COLLEGE
Human Resources

External Instructor Registration Form

External Instructor Personal Information

Legal Last Name: _____ Legal First Name: _____

Preferred Name: _____

SSN: _____ Date of Birth: _____

Legal Gender: _____

Email: _____ Phone: _____

Mailing Address: _____

High School: _____

Acknowledgement

I understand that my status with Everett Community College is that of an External Instructor.

Signature: _____

Date: _____

EvCC Department Information

EvCC Department: _____

EvCC Supervisor's Name: _____

Start Date: _____ End Date: _____

EvCC Authorization

EvCC Contact Name: _____

EvCC Contact Phone: _____

EvCC Systems Access Requested:

☐ EvCC Email ☐ Canvas ☐ ctcLink

EvCC Signature: _____ Date: _____