Site Information Form

Please complete this packet and return to the ExCeLL Office

*Church Name:		
*City:	*S	State:
*Pastor's Name:	*F	Phone #:
Email:		
*Contact/Coordinator Name:		
*Email:		
*Phone #:		
*Instructor(s):		
Mailing Address for Packages (must be a phy	vsical address):	
*Name:		
Attn:		
*Address:		
*City:	*State:	*Zip:
Mailing Address for Letters (if different from	above):	
Name:		
Attn:		
Address:		
City:	State:	Zip:
*Today's Date:	*Target Date to begin classes:	
*(Please Underline One) Existing Site	New Site	

Instructor Commitment Form

(Each Instructor must fill out this form, including the organizer for CMP duties if different).

*Instructors who wish to receive cred	lit MUST fill out a registration form or credit will not be issued.
(if applicable)	(2)
Which courses are you attending?	(1)
I agree that I will teach at leas	t 9 class periods, allowing a substitute no more than twice.
Do you plan to receive credit for cour	rses taught/attending?
Although Instructors don't carry the espent in preparation, teaching, and greedit. If the Instructor is teaching all course. If they are only teaching one They will still receive free credit for a graded as a student, and fulfill all others.	•
Credit for Instructors:	
Please complete this section if you ar	e planning to receive credit.
	(3)
	(2)
Which courses are you teaching?	(1)
I agree to maintain Christ-like students or the ExCeLL Office in any	integrity when teaching, grading, and communicating with my way.
I agree to record attendance ac	ecurately.
I agree to grade each student to	he same and avoid acts of favoritism.
I agree to hold at least 11 class	s periods of 1 hour and 20 minutes each course.
	ach class beforehand to ensure a good fearining experience.
I agree to prepare myself for e	ach class beforehend to ensure a good learning experience