

South Seattle College

Continuing Education Department

Instructor's Biographical Information

Name _____
Address _____

Telephone (Day) _____ Evening _____
Email _____ Web _____

Education (degrees, certificates, etc.)
Institution Degree Date

Teaching Experience
Institution Course Date

Publications

Relevant Employment or Experience

References
Name Phone Email Relationship
1 _____
2 _____
3 _____

Attach resume or other information related to topic or subject.

Return to: Continuing Education Department
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 Seattle, WA 98106-1499

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