



Dual Enrollment Instructor Abbreviated Resume

Department of Dual Enrollment

Station 25 | 1500 S Ave K | Portales, NM 88130 | 575.562.2165

General Information

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Email: _____

Education

Highest education level completed (bachelor's/master's/doctorate) and year of completion:

From (university or college): _____

Work History

Employer: _____

Job title: _____

Dates of service: _____

Employer: _____

Job title: _____

Dates of service: _____

Employer: _____

Job title: _____

Dates of service: _____