

REQUEST FOR TEMPORARY INSTRUCTOR APPROVAL

(ATTACH TO APPROVAL APPLICATION OF THE NEBRASKA REAL ESTATE COMMISSION BEFORE RETURNING.)

Institution _____ Date _____

Address _____
(#, Route) (City-Town) (State) (Zip Code)

Telephone Number _____ Email Address: _____

Instructor for whom Temporary Instructor approval requested:

Subject matter area for which Temporary Instructor Approval requested

Period for which Temporary Instructor Approval requested - Begin _____
End _____

Reason(s) for requesting Temporary Instructor Approval:

Have other avenues been explored to find an approved instructor? _____ Yes _____ No

If "NO", why not?

If "YES", explain why none found.

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature of Dean or Proprietor

Do not write below this line:

Approved _____ Expiration Date _____ Declined _____ Why _____

By: _____