## ORU REQUEST FOR NEW ADJUNCT FACULTY APPOINTMENT

Format:		
Name:		
Home Address: Street, City	, State & Zip	
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Phone Number:	Email Address:	
U.S. Citizen:	Resident of:	
	State	
Degrees:	Rank:	
College or School:	Department:	Org:
In addition to degrees liste areas:	ed above, list credentials (certificates, etc.)	that verify eligibility to teach specified
List the discipline and cou	rses that this applicant will be authorized	to teach:
APPROVALS		
Department Chair:		Date:
Dean of Requesting College	ge:	Date:
Dean of Online/Adjuncts l	Primary College:	Date:
(Necessary if Adjunct is co	urrently teaching for another college/depa	rtment or new for online)
Provost:		Date:
President:		Date:

Submit completed form with application documents to Faculty Hiring Coordinator