



# REQUEST FOR FULL TIME FACULTY APPOINTMENT

Status: **Seasonal**

Format: **Residential**

Term: **Nine (9) month contract**

Name \_\_\_\_\_  
Last, First Middle

Home Address \_\_\_\_\_  
Street, City, State, Zip Code

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

U.S. Citizen:  Yes  No Resident of \_\_\_\_\_  
State or Country

Degrees \_\_\_\_\_ Rank \_\_\_\_\_

ORU College \_\_\_\_\_ School/Department \_\_\_\_\_

ORG Number \_\_\_\_\_

Starting Semester & Year \_\_\_\_\_

In addition to the degrees listed above, list credentials (certificates, etc.) that verify eligibility to teach specified subject areas:

List the discipline and courses that your department would like the applicant to teach now and possibly in the future:

## APPROVALS

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean of Requesting College \_\_\_\_\_ Date \_\_\_\_\_

Provost \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_