



REQUEST FOR NEW ADJUNCT FACULTY APPOINTMENT

Residential Adjunct

Online Adjunct

Additional or Course Location Adjunct

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 _____

Residential ORG Number _____ Online ORG Enter _____

Starting Semester (Spring or Fall) & Year _____

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

List the discipline and courses that your department would be interested in having the applicant teach now and possibly in the future:

APPROVALS

Department Chair: _____ Date: _____

Dean of Requesting College: _____ Date: _____

Dean of Online: _____ Date: _____

(Necessary only for primarily online faculty, additional and course locations)

Provost: _____ Date: _____

President: _____ Date: _____