



# 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: \_\_\_\_\_