



REQUEST FOR NEW ADJUNCT FACULTY APPOINTMENT

Residential Adjunct

Online 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 _____

College or School _____ Department _____ ORG _____

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

List the discipline and courses that this applicant will be authorized to teach:

APPROVALS

Department Chair Date

Dean of Requesting College Date

Dean of Online (necessary only for primarily online faculty) Date

Provost Date

President Date

Return fully signed form to the Faculty Hiring Coordinator
