



REQUEST FOR 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 _____

Contract period

Starting _____ Ending _____
Month Day, Year Month Day, Year

Fall Semester Load Hours Spring Semester Load Hours

Course Name	Course Number	/	_____	/	Course Name	Course Number	/	_____
Course Name	Course Number	/	_____	/	Course Name	Course Number	/	_____
Course Name	Course Number	/	_____	/	Course Name	Course Number	/	_____

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

FOR COMPLETION BY FACULTY RECORDS ADMINISTRATOR ONLY

Contract sent to College: _____ Contract signed by Provost: _____ Contract sent to Budget: _____