

Adjunct Appointment Request Form

(for New Hires)

EMPLOYEE INFORMATION

Name (First, MI, Last):						
Address:	Street	Apt./Box#	City	State	Zip	
		E-mail	-	ccount:		
Course (Title and		COURSE INFOR	<u>IMATOIN</u>			
Prefix): CRN #:	Number of Credits/Contact Hours: Date/Time of Class:					
Beginning Date:		Ending Date:	Total Compe	Total Compensation:		
Course (Title and						
Prefix): CRN #:	Number of 0	Credits/Contact Hours:	Date/Time of Class:			
Beginning Date:		Total Compe	nsation			
Course (Title and						
Prefix): CRN #:	Number of C	redits/Contact Hours:	Date/Time of Class:			
Beginning Date:		Ending Date:	Total Compe			
		Additional Informa	tion			
		<u>APPRO</u>	<u>VAL</u>			
ean:		Signature				
		Signature		Date		
rovost:						
		Signature		Date		
/P of Administration and Fin	nance:	Signature				

This appointment **must** be submitted through the proper approval process **and** included on adjunct appointment spreadsheets.

A resume must be included with the adjunct appointment request form at the time of submission.