

Adjunct Appointment Request Form (for New Hires)

EMPLOYEE INFORMATION

Name (First, MI, Last): _____

Address: _____
Street Apt./Box# City State Zip

Telephone: _____ E-mail: _____

School/Department: _____ Account & Sub Account: _____

COURSE INFORMATION

Course (Title and _____
 Prefix): CRN #: _____ Number of Credits/Contact Hours: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____ Total Compensation: _____

Course (Title and _____
 Prefix): CRN #: _____ Number of Credits/Contact Hours: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____ Total Compensation _____

Course (Title and _____
 Prefix): CRN #: _____ Number of Credits/Contact Hours: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____ Total Compensation _____

Additional Information

APPROVAL

Dean: _____
Signature Date

Provost: _____
Signature Date

VP of Finance: _____
Signature Date

*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.