

ADJUNCT / OVERLOAD FACULTY APPOINTMENT REQUEST

(Circle the appropriate appointment)

This form is to be submitted to the Provost's Office by the Department Chair after the Provost has approved staffing the course(s) under consideration. Please submit a separate form for each adjunct or overload faculty appointment for each semester.
Deadlines: June 15th for Fall Requests; November 1st for Spring Requests.

Full Name & Title: [Dr., Mr., Ms.] _____

Full Address: _____

Dept: _____ Rank: _____

Is this a Leave Replacement? _____ If so, who is being replaced: _____

<i>Fall or Spring Semester:</i>	<i>Course #:</i>	<i>Course Title:</i>	<i>Credit Hours:</i>	<i># of Sections::</i>	<i>Vita on file or attached:</i>	<i>Background Check release forms signed:</i>

Department Chair's Signature: _____ Date: _____

Provost's Signature: _____ Date: _____

Approved Stipend (to be entered by the Provost): \$ _____

Notes: _____
