

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.

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

Email Address: _____

Dept: _____

Rank: _____

New adjuncts only: Cell phone # _____

<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>

Department Chair's Signature: _____

Date: _____

Provost's Signature: _____

Date: _____

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

Notes: _____
