

# 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.] \_\_\_\_\_

Full Address: \_\_\_\_\_

Dept: \_\_\_\_\_ Rank: \_\_\_\_\_

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

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

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Notes: \_\_\_\_\_

\_\_\_\_\_