

Adjunct Faculty Appointment Authorization

Name _____

Address _____

Home Phone _____ Cell/Work Phone _____

E-mail _____

Dept _____ Semester _____

Course Name, Type & Credit Information

| | | |
|------------------------------|----------------------------|--------------------------------|
| Course Name and Number _____ | | |
| Studio | 3 Credit – 6 Contact Hours | 1.5 Credit – 3 Contact Hours |
| Lecture | 3 Credit – 3 Contact Hours | 1.5 Credit – 1.5 Contact Hours |

| | | |
|------------------------------|----------------------------|--------------------------------|
| Course Name and Number _____ | | |
| Studio | 3 Credit – 6 Contact Hours | 1.5 Credit – 3 Contact Hours |
| Lecture | 3 Credit – 3 Contact Hours | 1.5 Credit – 1.5 Contact Hours |

Education / Degree Information _____

Teaching / Professional Experience _____

A current resume must be included with this form for approval processing

Approvals:

Department _____ Date _____

Academic Affairs _____ Date _____

Human Resources _____ Date _____

The Office of Human Resources will distribute the completed form after the approval process is complete