REQUEST TO AUTHORIZE ADJUNCT CREDITS

Please complete this form PER ADJUNCT requested. This form must be completed and approved before the semester course schedules are finalized.

Offers of adjunct employment must come from the dean.

| Date of Request | Colleg | geI | Department | |
|---|---|---|-------------------------------------|----------------------|
| Name of Adjunct Faculty Mer | nber | | | |
| Number of credits requested: | Summer | Fall | Spring | |
| Academic Year | Cost Center # to be charged: | | | |
| Course(s) to be taught: | | | | |
| reassigned faculty member | needs due to enrolli needs when faculty in the explanation b re special expertise of | ment increases. are reassigned to other o below.] or meet special programm | duties or on sabbatical or other le | e be provided by the |
| adjunct faculty. | r affirms that this ad | junct teaching assignme | nt was offered as overload prior t | o being offered to |
| Submitted by:Cł | nairperson | | Date | _ |
| Dean's Section I agree with the contractual expla I also affirm that this adjunct tea | | | | t faculty. |
| Dean | | | Date | |
| Dean | must be accentable | a to the faculty member | | designed (dagn) |

Routing: File the completed form in the Deans Suite. 1/13/2020