REQUEST TO AUTHORIZE ADJUNCT CREDITS

Please send the completed form to the Deans Suite email: DeansSuiteForms@bemidjistate.edu

Complete this form per adjunct request for approval before the semester course schedules are finalized. Offers of adjunct employment must come from the Deans' office to HR.

Date of Request	Colleg	ge	Department	
Name of Adjunct Faculty Member				
Number of credits requested:	Summer	Fall	Spring_	
Academic Year	Program/CC number:		New:	Returning:
Course(s) to be taught:				
Rationale for adjunct faculty assignment, select one, <i>and explain on the line below</i> : 1. To meet temporary staffing needs due to enrollment increases.				
 To meet temporary staffing needs when faculty are reassigned to other duties or on sabbatical or other leaves. [Identify the reassigned faculty member in the explanation below.] To teach courses that require special expertise or meet special programmatic needs that cannot otherwise be provided by the department's faculty. 				
Explanation:		_		
By checking this box, the chair affirms that this adjunct teaching assignment was offered as overload prior to being offered to adjunct faculty.				
By checking this box, the chair is sending the CV/Resume and unofficial transcripts along with this form to the Dean's office, as needed for a new hire.				
Submitted by:				
Chairperson		D	Date	
Dean's Section I agree with the contractual explanation for this hire and approve this adjunct appointment. I also affirm that this adjunct teaching assignment was offered as overload prior to being offered to adjunct faculty.				
Dean			Date	_