

**ADJUNCT OR OVERLOAD FACULTY APPOINTMENT**

*(Circle One)*

*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 form for each adjunct or overload faculty appointment for each semester.*

**INSTRUCTOR'S NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**ADJUNCT INSTRUCTOR'S ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**IS THIS A LEAVE REPLACEMENT:** \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

**IF SO, WHO IS BEING REPLACED:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_ (Fall) \_\_\_\_\_ (Spring)

**COURSE NUMBER:** \_\_\_\_\_ **CREDIT HOURS:** \_\_\_\_\_

**COURSE TITLE:** \_\_\_\_\_

**SPECIAL RESPONSIBILITIES, IF ANY, THAT SHOULD BE REFERRED TO IN THE APPOINTMENT LETTER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR ADJUNCT INSTRUCTOR, CHECK ONE:**

Vita previously submitted \_\_\_\_\_

Vita attached \_\_\_\_\_

**SIGNATURE, DEPARTMENT CHAIR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPROVAL SIGNATURE, PROVOST:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPROVED STIPEND:** \_\_\_\_\_

For fall semester appointments, submit request by: **JUNE 15**

For spring semester appointments, submit request by: **NOVEMBER 1**

*Note: Contracts will be issued only after this form is completed.*