



A&S PART-TIME FACULTY REQUEST FORM

Instructions: Please complete this form for all new and returning adjuncts teaching in your department each semester. Send completed forms to: Jessica Albertson, A&S Dean's Office.

DEPARTMENT: _____ SEMESTER: Fall, 200____ / Spring, 200____

NAME: _____

ADDRESS: _____

_____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

HIGHEST ACADEMIC DEGREE AND FIELD**: _____

INSTITUTION: _____

PREVIOUSLY TAUGHT AT UR? YES NO

COURSES TO BE TAUGHT:

<u>Department</u>	<u>CRN & Course No.</u>	<u>Course Name</u>	<u>Credit Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER RESPONSIBILITIES _____

VITA: Attached _____ To Be Forwarded _____ Previously Forwarded _____

Official Transcripts: Attached _____ To Be Forwarded _____ Previously Forwarded _____

Faculty Application: Attached _____ To Be Forwarded _____ Previously Forwarded _____

**SACS Justification: Attached _____ To Be Forwarded _____ N/A _____

**PLEASE NOTE: All part-time faculty must meet SACS regulation requirements—they must have either a master's in their teaching field or a master's in another field and at least 18 hours of master's level work in their teaching field. If this person does not fulfill these requirements, but you feel they have exceptional experience or skills that could be justified to SACS, please attach an explanation of these qualifications. Thank you!

Department Chair Signature _____ Date _____

A&S Director of Budgets & Operations Signature _____ Date _____