



New Adjunct Faculty Contract Request Form

Name of Faculty Member:		Teaches (UG/G/both):	
School:		Discipline:	
Contract Term (fall, spring, summer):		Contract Year:	
Course & Section(s):		Course Location:	
Includes clinical supervision?		Salary or Course Rate:	

Rank will be Adjunct Instructor unless otherwise indicated: _____

Contact Information:

Email: _____
 Phone _____
 (specify type, if known): _____
 Address: _____
 City, State Zip: _____

Transcript Information:

Inclusion of information below indicates that the Dean/designee has verified official transcripts for the degree indicated.

Institution: _____
 Degree: _____
 Major/Program 1: _____
 Major/Program 2: _____
 Graduation Year: _____
 Highest degree? _____
 Transcript on file: Official Unofficial Other: _____

Dean's Signature _____ Date _____

HR Use:	
Date	
	Background Screening Complete
	Paycor Invitation
	Instruction email sent (CC: School, HR)
	Onboarding Complete
	ID Created:
	Rank Added
	Notify Registrar, School, HR
	Email Address Requested