



A&S PART-TIME FACULTY FINAL APPROVAL FORM

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

DEPARTMENT: \_\_\_\_\_ SEMESTER: Fall, 20\_\_\_\_ / Spring, 20\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Faculty ID: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HIGHEST ACADEMIC DEGREE AND FIELD\*\*: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

PREVIOUSLY TAUGHT AT UR? YES  NO

COURSES TO BE TAUGHT:

<u>Department</u>	<u>CRN &amp; 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

On-Line Faculty Application: Applicant Completed  Applicant Will Complete

SACS Justification Letter: Attached  To Be Forwarded  Previously 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 a letter of explanation of their qualifications. Thank you!

Department Chair Signature (Required before sending to Dean's Office): \_\_\_\_\_ Date \_\_\_\_\_

A&S Director of Budgets & Operations Signature (Dean's Office will get this signature): \_\_\_\_\_ Date \_\_\_\_\_

A&S Dean Signature (Dean's Office will get this signature): \_\_\_\_\_ Date \_\_\_\_\_