



COLLEGE OF ETM

REQUEST FOR ADJUNCT FACULTY

Please print on yellow paper

ADJUNCT/INSTRUCTOR INFORMATION

Name: _____ ID#: _____
Address: _____
Email: _____ Phone: _____
Department: _____ Term: _____ Index: _____
Faculty Supervisor/who reports to: _____

Did this instructor teach in the last academic year? Yes No Are they new to Oregon Tech? Yes No

Is this an overload contract? Yes No Does this adjunct need early access to a network login? Yes No
(If so, please email Sandi Hanan in Human Resources)

COURSES TO BE TAUGHT

CRN	COURSE NUMBER AND TITLE	SEC	LEC/LAB/CR (3-3-4)	WORKLOAD	NOTES

APPROVAL

Department Chair: _____ Date: _____
Dean: _____ Date: _____

**Please send completed form to:
Valjean Newsome, OW 143**