



PROVOST OFFICE

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: _____

Provost _____ Date: _____

**Please send completed form to:
Dierdre Williams, SN 216**