FOR CAS OFFICE USE ONLY

CICS ☐ LETTER ☐

D.B ☐ ACTION ☐

COLLEGE OF ARTS & SCIENCES
ADJUNCT APPOINTMENT FORM

SEMESTER (Check One): ☐ FALL ☐ SPRING ☐ SUMMER

DEPARTMENT: _____

ADJUNCT NAME: _____

IS ADJUNCT (Check One): ☐ New * _____ ☐ Returning

* *Please indicate the date the background screening was submitted to HR. Please note that all essential documents are to be submitted directly to HR.*

TITLE (Check One): ☐ Ms. ☐ Mr. ☐ Dr.

RANK (Check One): ☐ Instructor ☐ Assistant ☐ Faculty Associate

☐ Associate ☐ Professor

HOME ADDRESS: _____

_____

TELEPHONE: _____ UWF ID #: _____

COURSE INFORMATION:

BEGINNING DATE: _____ ENDING DATE: _____

COURSE PREFIX & NUMBER:	SECTION NUMBER	CREDIT HOURS	LOCATION TAUGHT	AMOUNT
TOTALS:		0		0

_____ _____

DEPARTMENT CHAIR SIGNATURE DATE