



Date \_\_\_\_\_

Request for Hiring Returning Adjuncts

Semester Year: \_\_\_\_\_  Fall  Spring  Summer

Department: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Department Assistant: \_\_\_\_\_

Department Phone# \_\_\_\_\_ Location: \_\_\_\_\_

Adjunct Name: \_\_\_\_\_ *Last Semester Taught:* \_\_\_\_\_

Work Email: \_\_\_\_\_

Work Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Name	Number	Section	Projected Enrollment	Credit Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total Credit Hours</i>				<input type="text"/>

**Justification:**

<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Dean's Signature _____	Date _____	