



Lincoln University
LEARN. LIBERATE. LEAD.

Date _____

School of Adult & Continuing Education
Request for Hiring Returning Adjuncts

Semester Year: _____ Fall Spring Summer

Please choose: Session A **or** Session B

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 |
|-------------|--------|---------|----------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Total Credit Hours

Justification:

FOR OFFICE USE ONLY

Approved

Not Approved

Dean's Signature _____

Date _____