

REQUEST FOR ADJUNCT INSTRUCTORS

Note: To be completed by the Area Coordinator

Please use a separate Request Form for each instructor

(Check all that apply)

Date: _____

☐ **Fall** (Due by March 1)☐ **Spring** (Due by September 1)

Name of Adjunct Instructor* _____

E-mail Address* _____

Mailing Address _____
Address City State Zip

Telephone Number: _____

**Name and current email address are required for all adjuncts. Mailing address and telephone number are required only for new hires.*

Assignment:

COURSE NUMBER			COURSE TITLE	CONTACT HOURS	ANTICIPATED ENROLLMENT
SUBJ	CRSE	SEC			(Applied Lessons Only)

Area Coordinator:

Division Head:

Director: