**Instructions:** This form contains fillable boxes. Save the file, enter all information electronically, save the file, and then print the file. Send a print or electronic copy to Debbie Himmelberg in the Provost’s Office (dhimmelb@centralmethodist.edu).

Date

Full Name of Adjunct Faculty Adjunct Faculty ID Number

|  |  |
| --- | --- |
| **Address**City, State, Zip  | **Telephone**Home Work Cell  |
| ⮊Charge to (campus/site) Charge to (account)  | Is Curriculum Vita/Résumé on file with  Division Chair? Is Curriculum Vitæ/Résumé on file with Provost’s Office?  |
| **Course #** | **Credit Hours** | **Course Title** | **Meeting Days** | **Meeting Time** | **enrollment** | **pay** |
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Semester/Term & Year

Special Agreements/Arrangements Requested

Provost’s Response to Special Request

Salary Requested $Salary **Granted** $

❑ Payable in equal monthly installments beginning

❑ Payable at the end of the semester/term

Person Completing Request Form

⮊

Completer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

❑ Notification Sent to President’s Office (Date)

❑ Confirmation Sent by President’s Office to Adjunct Faculty (Date)

❑ Confirmation Copy Sent to Provost’s Office (Date)