



EAST TEXAS BAPTIST
UNIVERSITY

ADJUNCT AGREEMENT ISSUANCE REQUEST

(To be emailed to Academic Affairs Assistant)

Date: **Original Submission** **Updated from Original**

Dean: **School:**

Form filled out by: **Page(s):**

ADJUNCT INFORMATION

Title: **Last Name:** **First Name:**

Taught at ETBU previously: **Position:**

INFORMATION ON UPCOMING TEACHING ASSIGNMENT(S)

Department:

Academic Year: **Term:**

Course Prefix & Number: **Course Section:**

Full Course Name:

Classroom Building: **Room Number:**

Days and Hours of Course:

Payment for this Course:

Special Provisions (if any):

Course Prefix & Number: **Course Section:**

Full Course Name:

Classroom Building: **Room Number:**

Days and Hours of Course:

Payment for this Course:

Special Provisions (if any):

PAYMENT

Total amount for this page: **Full amount (all pages) this Term:**

Budget Account Name: **Account No.**

FOR ACADEMIC AFFAIRS OFFICE USE ONLY:

Dean Approval Signature: _____ **Date:** _____

Provost Approval Signature: _____ **Date:** _____

Entered into Excel Spreadsheet **Date:** _____