



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: _____ **Current Enrollment:** _____

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: _____ **Current Enrollment:** _____

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:** _____