

East Texas Baptist University

--Please TYPE All Blank Sections--

REQUEST FOR ISSUANCE OF ADJUNCT AGREEMENT

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

To: Academic Affairs

From: _____, **Dean, School of** _____

General Adjunct Information

Adjunct's Last Name: _____

Adjunct's First Name: _____

Check One: Dr. Mr. Ms.

Taught at ETBU Previously? No Yes, as Adjunct Yes, as FT Faculty

Information on Upcoming Teaching Assignment(s):

Department: _____

School: _____

Academic Year: _____

Term:

Course Prefix and Number: _____

Course Section: _____

Full Course Name: _____

Classroom Building: _____

Room Number: _____

Days and Hours of Course: _____

Payment for this Course: \$ _____

Course Prefix and Number: _____

Course Section: _____

Full Course Name: _____

Classroom Building: _____

Room Number: _____

Days and Hours of Course: _____

Payment for this Course: \$ _____

Course Prefix and Number: _____

Course Section: _____

Full Course Name: _____

Classroom Building: _____

Room Number: _____

Days and Hours of Course: _____

Payment for this Course: \$ _____

Full Amount to be Paid this Semester: \$ _____

Budget Account Name: _____

Account #: _____

Special Provisions (if any): _____

Approval by Provost: _____

Date: _____

Signature

Date Agreement Issued: _____

Date Agreement Returned: _____