

Date _____

**INTERIM AND SUMMER SESSIONS
REQUEST FOR APPROVAL OF PART-TIME FACULTY**

NAME** _____ NEW _____ RETURNING _____

HOME ADDRESS** _____ CITY** _____ STATE** _____ ZIP** _____

HOME PHONE** _____ SEX _____ CITIZEN** _____ RACE* _____ BIRTHDATE** _____

HIGHEST DEGREE _____ FROM _____

COLLEGE _____ JANUARY INTERIM 2ND SESSION

DEPARTMENT _____ 3-WEEK INTERIM 8-WEEK

STUDENT INQUIRIES SHOULD BE REFERRED TO: 1ST SESSION

HOME PHONE _____ BUS. PHONE _____ DEPT. EXT. _____

BUSINESS ADDRESS _____ PHONE _____

SCHEDULE

Number and Title of Class	Days During Which Class Meets	Hours During Which Class Meets	Location of Class	Sem. Hr. of Credit

DUTIES OTHER THAN TEACHING _____

SABBATICAL REPLACEMENT FOR PROFESSOR _____

OTHER REPLACEMENT FOR PROFESSOR _____ REASON _____

RATES OF COMPENSATION
PER SEMESTER HOUR _____

TOTAL COMPENSATION
FOR THE SEMESTER _____

REQUEST BY DEPARTMENT CHAIRPERSON _____

RECOMMENDED APPROVAL OF THE DEAN _____

TYPED NAME OF DEPARTMENT CHAIRPERSON _____

- * American Indian or Alaska Native
- Asian
- Black/African-American
- Hispanics/Latino
- Race and Ethnicity unknown
- Nonresident Alien
- Native Hawaiian/Other Pacific Islander
- Two or More Races

**APPROVAL BY PROVOST AND VICE
PRESIDENT FOR ACADEMIC AFFAIRS**

If this is the first time this person has taught at Bradley since November, 1986, be sure that he or she completes an I-9, Employment Verification form, by the third day of the semester.

** INFORMATION REQUIRED TO PUT INSTRUCTOR
IN SYSTEM