

Date _____

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 _____

DEPARTMENT _____

FIRST SEMESTER _____

STUDENT INQUIRIES SHOULD BE REFERRED TO:

SECOND SEMESTER _____

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 _____

APPROVAL BY PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS _____

- *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
- White

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