



# GLENVILLE STATE COLLEGE

## PREAPPROVAL RECOMMENDATION FOR PART-TIME FACULTY (AA-11/10)

This form is required for initial approval and when the proposed courses change. A resume and updated official transcripts must be filed with the Provost's Office prior to the beginning of class.

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Doctorate \_\_\_\_\_ specialization \_\_\_\_\_ Year Conferred
- Masters \_\_\_\_\_ specialization \_\_\_\_\_ Year Conferred
- Bachelors \_\_\_\_\_ specialization \_\_\_\_\_ Year Conferred

Proposed course(s) to be taught:

CRN-Course Dept-Section	Title (use catalog title)
_____	_____
_____	_____
_____	_____

Professional/Teaching Experience (indicate related experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairperson  Recommended  Not Recommended \_\_\_\_\_  
Date

\_\_\_\_\_  
Provost  Approved  No Approved \_\_\_\_\_  
Date