



**PREAPPROVAL RECOMMENDATION
FOR PART-TIME FACULTY (AA-2/13)**

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

Name: _____	SSN #: _____
Home Address: _____	Date of Birth: _____
Home Phone: _____	Mobile Phone: _____

_____ Doctorate	_____ specialization	_____ Year Conferred	
_____ Masters	_____ specialization	_____ Year Conferred	
_____ Bachelors	_____ specialization	_____ Year Conferred	

Proposed course(s) to be taught:

Dept-Course Number	Title (use catalog title)	Approved	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Professional/Teaching Experience (indicate related experience): _____

_____ Chairperson	_____ Recommend	_____ Not recommended	_____ Date
_____ Provost	_____ Approved	_____ Disapproved	_____ Date