|  |  |
| --- | --- |
| Date: |       |

**UNIVERSITY OF LOUISIANA AT MONROE**

**REQUEST FOR ADJUNCT STAFF LISTING FOR THE UNIVERSITY CATALOG**

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| --- | --- | --- |
| We request the individual listed below be placed in the  |       | catalog year |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Catalog – please select one:** |       | Undergraduate |  |       | Graduate |  |       | Undergraduate & Graduate |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       |       |       |
|  | Last | First | Middle |

|  |
| --- |
| **Present Position *(non-ULM position, name of institution/business, city and state)*:** |
|       |
|       |

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| --- |
| **What service is this individual rendering ULM? Select all that apply:** |
| [ ]  | Teaching  | [ ]  | Applying for graduate faculty membership |

|  |  |
| --- | --- |
| **When does this service at ULM begin?** |       |
| **If teaching, list courses to be taught *(Subject + Course #)*:** |
|       |

**Does individual meet SACSCOC qualification for course(s) to be taught? *Select one box below:***

**NOTE: If *Justification of Faculty Qualifications* is required, approval must be obtained prior to processing the request for adjunct staff listing (attach copy of justification approval, if applicable). Official transcripts to be maintained in office of the Dean over the course(s) being taught.**

[ ]  Yes, the individual has a doctorate/terminal degree in the teaching discipline.

[ ]  Yes, the individual is teaching undergraduate level courses and has a master’s degree in the teaching discipline or master’s degree with a concentration in the teaching discipline.

[ ]  Yes, the individual is teaching undergraduate or graduate level courses and has a master’s or doctorate degree and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A copy of an **approved** *Justification of Faculty Qualifications* form is attached.

[ ]  Yes, the individual is teaching undergraduate or graduate level courses and has  hours of graduate coursework and/or either appropriate professional experience or appropriate certification/licensure in the teaching discipline. A copy of an **approved** *Justification of Faculty Qualifications* form is attached.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Degrees** |  | **Major** |  | **Date****(mm/yyyy)** |  | **Institution & Location** |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
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| --- |
| **Provide name and data to be included in catalog listing *(follow format in the university catalog)*:** |
|       |
|       |

|  |  |  |
| --- | --- | --- |
|  | , Dean |  |
| College of  | Date |

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vice President for Academic Affairs Date

**Attachments: Copy of approved *Justification of Faculty Qualifications*, if applicable**

 **Copy of official transcript *(highlight degree information)***

 **Curriculum Vita**

**Note:** After approval, Academic Affairs will email a scanned copy of approved form to the Dean’s office *(Dean’s office to forward to School Director)* and to Graduate School and/or Registrar’s Office, whichever is applicable.