**Adjunct Instructor Reappointment Request**

**Teaching/Non-Teaching Appointments Cannot Exceed 69% (refer to Moodle)**

***(attach COPY of this completed form, COPY of appointment letter; and COPY of justification, if applicable, to PAF)***

**NOTE: teaching appointments and salary are subject to final determination of classes meeting minimum enrollment**

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| **To:** | , Dean | **Date:** | |  |
|  | College of | | | |
|  |  | | | |
| **From:** | , School Director | | **Effective Semester/Year:** | |
|  |  | | | |

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Rank:** | Instructor |

**(as it appears on Social Security Card)**

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|  |  | **INDEX** |  | **FUND** |  | **ORG** |  | **PROG** |  | **Amount** |
| **Banner Account #1:** |  |  |  |  |  |  |  |  |  |  |
| **Banner Account #2 *(if applicable)*:** |  |  |  |  |  |  |  |  |  |  |

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| **Degree** |  | **Major** | | | |  | **Date (mm/yyyy)** | |  | **Institution & Location** |
|  |  |  | | | |  |  | |  |  |
| **Degree CIP Code:** | | |  |  | **CIP Title (Discipline):** | |  |  | | |

**Non-teaching description & justification:**

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| **Teaching request & justification:** | | | |  | | | | | |
| **Subject Code** | **Course #** | **CRN** | **Cr. Hrs.** | | **%**  **Employed** | **Enrollment** | **Method** | **Part of Term** | **Payment Amount** |
|  |  |  |  | | % |  |  |  | $ |
|  |  |  |  | | % |  |  |  | $ |
|  |  |  |  | | % |  |  |  | $ |
|  |  |  |  | | % |  |  |  | $ |
|  |  |  |  | | % |  |  |  | $ |

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| **Has more than one regular semester passed since applicant was last appointed?** | | |  | Yes |  | No |
| *If more than five years have passed since appointee has taught for ULM, process an “Employment Recommendation for New Part-Time Faculty.”* | | | | | | |
| **Last semester appointee taught for college:** | |  |  | | |  |
| **Has appointee’s transcript changed from last appointment?** | | |  | Yes |  | No |
| *If “Yes,” attach copy of updated official transcript with this request.* | | | | | | |
| **To be completed by School/College if teaching appointment:**  **Does the appointee meet SACSCOC qualifications 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 part-time reappointment request (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. | | | | | |

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| **Dean’s Approval** |  | **Date** |  |