



Office of the Provost Adjunct Request Form

To: Shannon Lattimore
Office of the Provost

Date: _____

From: _____
(chair signature)

ADJUNCT CONTRACT:

Term: _____ Course(s) & Credit hour(s): _____

Adjunct Name: _____ DOB: _____

Adjunct Contact: (phone) _____ (address) _____

(email) _____ _____

Rationale: Please explain why the adjunct is needed.

Provost Approval: _____ Date: _____