



**Part-Time Temporary Instructor Request Form**

Requestor Information:

<b>Name</b>	
<b>Department</b>	
<b>Email address</b>	
<b>Phone number</b>	
<b>Submission date</b>	

**Part-Time Instructor Name:**

**Highest Degree Obtained:**                      Bachelors                      Masters                      PhD

Will this request require a degree exception?                      Yes                      No

Semester	
Course	
Course Registration Number (CRN)	

**Proposed Compensation Amount:**

**Funding Source:**

**School:**

ECE (H1000112)

CMB (H1000113)

ECAM (H1000114)

**Request for College funding?**                      Yes                      No

**Justification**



Required Attachments:  
Curriculum Vita of Part-Time Instructor

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**Approvals (form will not be accepted without signatures):**

**Date:**

**School Chair:**

**Human Resources Manager:**

**Director of Finance and  
Administration:**

**Dean of the College of Engineering:**