

Arts & Sciences

Summer School Faculty Appointment Form

Return completed form to: Dorothy Reyes Butler, Ewell Hall

Date	Department	Form Preparer		
Chair Name	Mar	nual or Digital Signature of authorized approver		
Faculty Appointment	Graduate Teaching Appointment (Only if Instructor of Record)			
Last Name	Firs	st Name Middle Name or Init	Middle Name or Initial	
Email (required)		Banner ID# 93	Banner ID# 93	
Mailing Address		City, State, Zip		
U.S. Citizen	Permanent resident (resident alien) Non-Immigrant (non-resident-alien)			
III day Day a la band	If candidate is not a U.S. citizen, dept must notify Reves Center Discipline			
Highest Degree in hand				
Date Awarded		itution Awarding Degree		
If no PhD, is PhD expected?	Yes No	Month and Date PhD anticipated		
Discipline		Institution that will award PhD		
New Faculty or has not taught	in 1 year Yes	No If yes, please submit three reference letters a	nd CV.	
		Summer Session I		
Course name/number and section		Cross listed course name/number and section,	Credits	
(Please specify online and lab courses)		If applicable		
		Summer Session II		
Course name/number and section		Cross listed course name/number and section,	Credits	
(Please specify online and lab courses)		If applicable	557,5515	
(1 rease specify online and tab	courses)	ј иррисион		
	Summer Session	n III or Non-Standard Term Courses		
Course name/number and sect	ion	Cross listed course name/number and section,	Credits	
(Please specify online and lab	courses)	If applicable		