Application for Level Advancement for Adjunct Faculty

To take effect: _____

Department: _____

Name: _____

Level Applied For: _____

Initial Date of Hire: _____

Total Faculty Load Hours _____

Classroom evaluations attached (check one) ___ 2 available ___ 1 available
___ 0 available

The application process is explained in Appendix B of the current contract. This completed form and any classroom evaluations must be submitted to your department chair or supervisor by March 15 for consideration for the following fall semester, and by November 1 for consideration for the following spring semester.

_____

Signature (Adjunct Faculty Member) Date

_____

Signature (Chairperson) Date

_____

Signature (Dean/Director) Date

_____

Signature (Provost) Date