Adjunct Faculty Request Form

Name: ___________________________ Employee I.D. Number ___________________________

Date of Birth: ___________________ Requesting Department: __________________________

Length of Contract: (Fill in year)

A new form must be filled out each semester and returned to the Wildcard office to reactivate a card.

Fall: _______________ Spring: _______________ Summer: _______________

Department Head: (Print Name) ___________________________ Phone Number: ____________

Department Head Signature: ___________________________ Date: ______________________

Adjunct Faculty Signature: ___________________________ Date: ______________________