HOFSTRA UNIVERSITY ADJUNCT FACULTY APPOINTMENT FORM

Name:				
Department:				
Recommended Adjunct Rar	k:			
Course Assignments Beginn				
Form of Address (Dr., Ms., E				
Highest Degree:	Degree	Year	Awarded	d Bv
Is the candidate a Hofstra Full-Time administrator?				
Currently a Hofstra student? O Yes O No If yes, provide Hofstra ID:				
b. If (a) is yes, what is the	ntly in the United States of e candidate's current visa s uire employment visa spo ofstra?	status?	No	
References checked by: Please note: A backer Recommended Compensat	ckground check must be c	· ·	ts completion atta	iched.
Initial Rate*: \$	FOAPALE	3		
*Justification for Special Rate (If Requested):				
Dean's Comments				
The DPC Concurs DPC	C Could Not Be Consulted	at this Time 🔲		
Documentation Enclosed:	_			
Chair's Letter DPC Letter	Position:		Suffix:	
Faculty Application	Dean:		Date:	
Curriculum Vita	П	1		
Outside Recommendations (#		•	Г	
Official Transcript for Highest Recommendation	Provost's Coi	nments:	Date: [
Chair's Letter	H			
Other				
THIS FORM MUST BE AC	COMPANIED BY THE CHAI	R'S LETTER & THE COMF	PLETED FACULTY A	PPLICATION.
cc:	, Chair, Department of			
	」] , DPC Chair, Departmer	nt of		
	_			
Provost's Office Use Only:	AAUP Chapter, Presido	.	Hofstra ID:	

Date Sent to Personnel: ______ Date on Computer: _____

ADJAPPT.FRM 5/10/2018