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| --- | --- |
| NAME: | DEPT: |
| TODAY’S DATE: | SUMMER SESSION: |
| COURSE NAME AND NUMBER: | |

**Complete for Lecturers or Visiting Faculty** under the following condition:

* Full & part-time lecturers or visiting faculty who have not taught during the current calendar year (Jan – Dec)

Include the following documents:

**APSU Bio/Bib,** **signed**  **CV**  **Teaching Evaluations, most current 2 years, if available**

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| Department Chair’s Signature | Date |

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| CNAS Dean’s Signature | Date |