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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 |