

REQUEST FOR APPROVAL TO ACCEPT EXTERNAL TEACHING EMPLOYMENT DURING THE FALL OR SPRING SEMESTER

Please type or print in ink. After presidential action, a copy of this form will be returned to the Vice President, Dean, Department Chair, faculty member and a record copy sent to the Office of Human Resources.

Faculty Member:
Department:

Institution of proposed teaching (name):	
Address:	
Telephone:	Semester of proposed teaching:

Description of the Teaching Assignment: Requests to teach will only be approved when the proposed arrangement would be of extraordinary benefit to both the faculty member and ECSU. This might occur when a faculty member is requested to teach a specialty at a university that would enhance the faculty member's reputation and bring credit to the department. It might also occur when the faculty member has an opportunity to teach a specialty course not offered by the department (See Agreement Article 10.13).

Course:	Level:
Faculty Member's Signature:	Date:

Comments, if any, by Dean:	
Dean's Signature:	Date:

Comments, if any, by Provost:	
Provost 's Signature	Date:

Presidential Action:	
Approved	Disapproved
President's Signature:	Date:

For copy distribution, see above.