

**PART TIME FACULTY REQUISITION FORM**

Date of Request \_\_\_\_\_ Requesting Department \_\_\_\_\_

The following part time instructors may be needed for \_\_\_\_\_ quarter, 2\_\_\_\_\_

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COURSES FOR WHICH INSTRUCTORS MAY BE NEEDED:

1. No.      Title      Time/Days

Description:

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2. No.      Title      Time/Days

Description:

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QUALIFICATIONS INSTRUCTOR **MUST** HAVE:

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Additional Qualifications that would be desirable:

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COMMENTS:

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CONTACT PERSON: \_\_\_\_\_ EXT: \_\_\_\_\_

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This notice of intent to advertise for part-time faculty is authorized by:

Dept. Coordinator \_\_\_\_\_ Div. Chair \_\_\_\_\_ VPAA \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_