



Staff Teaching Request and Authorization Form
(Authorization must be obtained each term staff member is teaching)

Date:

Name of staff member:

Department:

Normal working hours:

School or College:

Course title and number:

Term: / R F D W L R Q Credit hours :

Course days/time:

Staff qualifications/degrees:

To be signed by staff member:

[Illegible text, possibly a signature or stamp]

Signature of staff member

Supervisor

Date

Academic Department Chair/Dean

Date