

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

Date:			
Name of staff m	ember:		
Department:			
Normal working	hours:		
School or Colleg	e:		
Course title and	number:		
Term:	/RFDWLRQ	Credit hours :	
Course days/tim	e:		
Staff qualification	ns/degrees:		
To be signed by	staff member:		
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FDQQRW X XQGHUVWD	VH P\ WHSOEREQKALLOELLOLWLHR QG WKFIHISYINDOORALLERDQQRIP\	QDVRUD QURIVOUV PPH HSWULLOPD U SULPDU\XMOREPZLWOHODQRU	J\ MRE 6DXOW/RHV
VXFK WHDF	FKLQHJVZEQWWMKHSJHHHUUUFRDFQHRIP\	SULPDU\ MRE	
		Cignoture of staff member	
		Signature of staff member	
Supervisor	Date	Academic Department Chair/Dean	Date