UNCOMPENSATED ADJUNCT FACULTY APPOINTMENT REQUEST

APPOINTEE'S NAME: ___________________________ TODAY'S DATE: ___________________________

E-MAIL ADDRESS: ___________________________ RANK: ___________________________

DEPARTMENT: _______________________________________________________________________

DEPARTMENT CHAIR: ________________________ SUPERVISOR/PI: ________________________

PROJECT/CENTER TITLE: _____________________________________________________________

START DATE: ___________________________ END DATE: ___________________________

REASON FOR REQUEST**: (The request should describe the reason/motivation for the uncompensated adjunct position and the nature of the arrangement)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

HOW WILL THIS APPOINTMENT BENEFIT THE HOME DEPARTMENT & CST?** (How will this appointment benefit you, CST, and the Home Department with respect to either Teaching, Scholarship/Creative Works, Professional Activity, and/or Service?)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

WILL THIS WORK BE CONDUCTED ON CAMPUS? YES ☐ NO ☐

DOES THIS APPOINTMENT REQUIRE GUEST ACCESS? YES ☐ NO ☐

If “YES,” what is the appointee’s date of birth? ___________________________

GOOGLE SCHOLAR CITATIONS OR WEB OF SCIENCE PAGES:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

SUPERVISOR/PI SIGNATURE ___________________________ DEPARTMENT CHAIR’S SIGNATURE ___________________________

**Please attach additional pages for additional text if necessary