## **MEMO**

	TO:	NTU Registrar							
							Qu	alifications Review	red_
	THRU: INSTR DEAN  H.R. DIRECTOR					Approved Not Approved Approved Not Approved			
	EDOM.								
	FROM:	Request Made by Department Chair / Site Director or Coordinator							
	DATE:					<u> </u>			
	RE:	Individual Adjunct In	struci	tor .	Арр	oroval and Co	urse Request		
		ent Application packet, com nd Approval. Upon approva	-				_	-	r
	Semester/Year					S		0 ,	_
							Campus nan	ne	
ourse#		Description	Face to Face	ONL-Asynchronous	ONL-Synchronous	Days/Week	Time Period	Instructor	Credits (Total of 3 to 9 credits only)
	If you hav	e any questions, please contac	t me a	at: _				2 4 4 4	
						Co	ntact Phone # and/or I	Email Address	
		plicant: Faculty Handbook sta y-semester basis. An Adjunct Ins							<u>ı</u>
	For qualific	eations review purposes, <i>College</i>	Trans	crip	ts are	e required.		- <del>-</del>	
	File							Revised 4/16/19	)/IID