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| Date of Request:  |       | Request for Academic Year: |       | [ ]  Fall [ ]  Winter [ ]  Spring [ ]  Summer |
| Requested by: |       | , Manager |
| Adjunct Faculty Name: |       | PID#: |       |
| Department:  |       | Division: |       |
| **This Request is for the Following Dates:** | Beginning: |       | Ending: |       |

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| CURRENT YEAR: |       |  | REQUESTED FOR THIS TERM: |
|  | Summer | Fall | Winter | Spring |  |  |
| Credit Load: |       LHE |       LHE |       LHE |       LHE |  | Credit Load: |       LHE |
| Noncredit Load: |       LHE |       LHE |       LHE |       LHE |  | Non-Credit Load: |       LHE |
| Contract Ed.: |       LHE |       LHE |       LHE |       LHE |  | Contract Education: |       LHE |
| **TOTAL:** |       LHE |       LHE |       LHE |       LHE |  | **TOTAL:** |       LHE |

**Faculty Member’s History of Last Three Years:** [**Attach ARGOS report SIR0032**]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| YEAR:       |
|  | Summer | Fall | Winter | Spring |
| Credit Load: |       LHE |       LHE |       LHE |       LHE |
| Noncredit Load: |       LHE |       LHE |       LHE |       LHE |
| Contract Education: |       LHE |       LHE |       LHE |       LHE |
| **TOTAL:** |       LHE |       LHE |       LHE |       LHE |

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| YEAR:       |
|  | Summer | Fall | Winter | Spring |
| Credit Load: |       LHE |       LHE |       LHE |       LHE |
| Noncredit Load: |       LHE |       LHE |       LHE |       LHE |
| Contract Education: |       LHE |       LHE |       LHE |       LHE |
| **TOTAL:** |       LHE |       LHE |       LHE |       LHE |

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| YEAR:       |
|  | Summer | Fall | Winter | Spring |
| Credit Load: |       LHE |       LHE |       LHE |       LHE |
| Noncredit Load: |       LHE |       LHE |       LHE |       LHE |
| Contract Education: |       LHE |       LHE |       LHE |       LHE |
| **TOTAL:** |       LHE |       LHE |       LHE |       LHE |

 |  |

**Faculty Certification:**

I certify that the above information is correct.

Faculty signature: Date:

**Dean Certification:**

I certify that the above information is correct.

Dean signature: Date:

**Rationale for request**:

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|       |

**Action by the Appropriate Vice President**: [ ]  Approved [ ]  Denied

 Date:

□ Vice President of Instruction □ Vice President of Student Services

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| * Copy to Division Office :
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