**WSUV TEMPORARY/PART-TIME (Adjunct)**

**FACULTY INFORMATION FORM**

**FALL \_\_\_\_\_\_\_\_** (yr) **- SPRING \_\_\_\_\_\_\_\_** (yr)

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| --- | --- |
| Faculty Name: |  |
|  |  |
| Mailing Address: |  |
|  |  |  |  |  |  |
| City: |  | State: |  | Zip: |  |
|  |  |  |
|  |  | WSU ID#:  |  |
|  |  |  |  |
| Home Phone: |  | Work Phone: |  |
|  |  |  |  |  |
| Returning Part-Time Faculty | [ ] Yes | [ ]  No | Most Recent Semester/Year: |  |
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| Faculty Overload Appt |  |  |

 | [ ] Yes | [ ]  No | Degree Level/Year (If New):  |

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| Course Credits |  | Semester/Year |
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| Course Credits |  | WSUV Director Approval / Date |
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| Salary |  | FTAW % |
|  |  |  |
|  |  |  |
| Budget Number |  | Faculty Support / Phone/ E-mail |
|  |  |  |
| Payment and Other Special Considerations: |  |
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