Non-Instructional Staff Teaching Authorization Form

_____ MSUAASF  
_____ Classified  
_____ Excluded  
_____ Other

Name: ________________________________________________

Home Department: ________________________________

Current Assignment FTE: __________________________

Teaching Assignment:

Semester ______________________________

Course Title, Number & Section # _______________________

Day(s) Course Taught ________________________________

Time of Day Course Taught __________________________

I approve this instructional assignment and verify that this assignment does not conflict with the individual's regular work schedule and responsibilities.

_________________________________  ________________
Supervisor's Signature  Date