Minnesota State University, Mankato
2010-2011 Adjunct Appointment Authorization

Name ____________________________ College ____________________________

Department _________________________ Date _________________________

*Primary Work Location* ____________________________

Semester of Class ____________________________

Course Number ___________ Course Name ____________________________

* Primary Work Location is assumed to be the Mankato campus unless otherwise specified.

Adjunct appointments are made according to the following principles. Check those that apply to this hire.

___ To meet temporary staffing needs due to enrollment increases for which normal full funding is not provided.

___ When less than full time replacement is provided to a department for faculty who are reassigned to other duties or who are on sabbatical or on other leaves of absence.

___ To teach courses requiring special expertise and/or to meet special programmatic needs of departments where such expertise and needs cannot otherwise be provided for within the resources of the department.

Qualifications -- An adjunct will have a master’s degree, specialized licensure or other special preparation or experience. Please check educational level of adjunct:

___ Doctorate

___ Masters

___ Below Masters: Explain

________________________________________________________________________

________________________________________________________________________

Chair Signature _________________ Dean Signature______________

Date _______________ Date _______________

Please attach this form to the UPD