



**VISITING FACULTY/GUEST LECTURER**  
**REQUISITION FORM**

Visiting Faculty       Guest Lecturer

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Proposed Compensation Rate:  Hourly @\$150/hr     Salary \$ \_\_\_\_\_

Frequency of compensation:  One time     Reoccurring

Estimated hours (choose one) \_\_\_\_\_ hr total/ \_\_\_\_\_ hr per week / \_\_\_\_\_ hr per month

**Items to be attached (required):**

CV/Resume     Transcripts (if receiving a faculty appointment)     CAPRI Add Form

**Additional Information** (i.e. sessions to be taught, special directions for contract)

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Requested by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: AD-Pre-Clinical Ed Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: AD-Faculty Affairs Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: CAO Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: President Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: Controller Date: \_\_\_\_\_

Reviewed by Office of HR: \_\_\_\_\_ Date: \_\_\_\_\_