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)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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: __________