



APPLICATION FOR ADJUNCT FACULTY COURSE APPROVAL

Name: _____ SSN: _____

Home Address: _____

Telephone: _____ Home e-mail: _____

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, describe: _____

Business Address: _____ Title: _____

_____ Office e-mail: _____

Business Telephone: _____ Fax: _____

I can teach on weekdays: ☐ 8 a.m. to 5 p.m. ☐ 6 p.m. to 10 p.m. ☐ Saturday

If limited to more specific times or days, please indicate: _____

EDUCATION

DEGREES EARNED FROM REGIONALLY ACCREDITED INSTITUTIONS	INSTITUTION	MAJOR AREA	DATE

COLLEGE TEACHING EXPERIENCE

INSTITUTION	COURSES TAUGHT	DATES M/YR

RELEVANT OCCUPATIONAL EXPERIENCE

Please attach any additional information.

EMPLOYER	TITLE/RESPONSIBILITIES	DATES M/YR

OTHER RELEVANT INFORMATION YOU WOULD LIKE CONSIDERED AS PART OF YOUR APPLICATION

Feel free to attach additional information that will be helpful in reviewing your application.

REFERENCES

Please list the names, titles, and phone, and email addresses of three professional references. Your references should be prepared to address your effectiveness as an instructor in undergraduate courses and, where possible, with adult students.

1.
2.
3.

Copies of your graduate transcripts must be included with your application. A minimum of 18 graduate hours in the teaching field and a Master's degree are required. Approval to teach specific courses must be granted by the North Carolina Wesleyan University academic unit prior to teaching assignment. **The University may ask you to request official transcripts from the degree-granting institution(s).**

All information included in this application is true and represents my qualifications and credentials.

Signature_____ Date_____

If you have questions about the approval process, please feel free to contact the staff member with whom you have had contact or call the Office of Academic Affairs at the NCWU Rocky Mount campus (252-985-5136). Thank you for your interest in becoming a part of the Adjunct Faculty at North Carolina Wesleyan University.

North Carolina Wesleyan University is an Equal Opportunity Educational Institution.

Office of Academic Affairs
North Carolina Wesleyan University
3400 N. Wesleyan Blvd.
Rocky Mount, NC 27804

Title IX Coordinator:
Jason Modlin, Ed.D.
Dean of Students/Title IX Coordinator
111 Hardees Student Union
jmodlin@ncwu.edu 252-985-5404

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Criminal History, Medical and Professional Licensing, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the authenticity of the information submitted and will be utilized to develop information concerning my character, general reputation, and personal characteristics. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize North Carolina Wesleyan University to make a thorough check of my past Employment, Education, and activities. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify North Carolina Wesleyan University and any company or service they select against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/ APPLICANT INFORMATION

First Name

MI

Last Name

_____-_____-_____
Social Security Number

_____/_____/_____
Date of Birth

Signature

Date