



Department Name: _____

School Dean: _____

Associate Dean/Chair/Program Director: _____

Employee Name: _____ ID #: _____

Adjunct Position Rank: _____

Effective Date: _____

Adjunct Faculty Category:

- Classroom Instructor
- Clinical Instructor
- Field Supervisor
- Other _____

Level:

- Undergraduate
- Graduate

Approvals

Associate Dean/Chair/Program Director: _____ Date: _____

School Dean: _____ Date: _____

Associate Provost, Academic Affairs: _____ Date: _____

Please submit form to: Office of Academic Affairs - Yvette Rooney at yrooney@molloy.edu