

Lecturer Appointment Form – Unit 18

Type of Appointment:

New Hire

Rehire

Reappointment

Continuing Lecturer

Multi-Location Appointment

Dept.: _____ Job Title: _____ Currently works at UCB?

Division Name: _____

Name: _____ Email Address: _____

Annual Salary: \$ _____ Course Units Percentage _____%

Semester: Fall _____ Spring _____

Current number of Semesters/Years Completed _____ as of ____/____/____

Please attach the course description for each course that will be taught.

1. Instructor in charge of the course:

2. Participation during the *previous year* (indicate course number, title, units, semester and year:

3. Participation requested *this year* (course number, title, units, semester and year and student advising, etc.):

4. Amount of Responsibility (whether co-teaching or taking full responsibility):

5. Additional assigned duties and number of hours:

6. Explanation of why a regular faculty member cannot take this assignment, including continued need for services beyond the period being proposed:

7. Comments (please write a sentence or two about the qualifications of the participant):

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Division Head

Date