

FACULTY INFORMATION

Contracts for faculty cannot be issued unless **all** the information has been completed accurately in this section. **This information must be supplied on each proposal form** even if you have previously taught for Extended Education or are submitting several course proposals for the same session.

NAME Last First Middle

ADDRESS Street & No.

City State Zip Code

HOME PHONE NUMBER CELL PHONE NUMBER

DAYTIME/MESSAGE PHONE NUMBER E-MAIL ADDRESS

IS THIS IS A NEW ADDRESS: _____ IS THIS IS A NEW HIRE: _____

IF NOT A NEW HIRE, EMPL ID: _____

CHAIR OR DEAN MUST FILL OUT THIS SECTION AND SIGN BEFORE THIS FORM IS SUBMITTED TO EXTENDED EDUCATION - SPECIAL SESSIONS

Does this instructor currently hold a regular full or part-time appointment at CSUDH? ____ Yes ____ No

Please indicate if INSTRUCTOR IS: PART-TIME _____ or FULL-TIME _____

Circle Rank of faculty: Instructor Assistant Professor Associate Professor Professor

Instructor is to be paid through an Extended Education Contract? ____ Yes ____ No

If you are requesting to schedule a Winter online or hybrid course, please indicate:

Course is approved for hybrid or online modality: ____ Yes ____ No

Course is a pilot (1st time) online or hybrid: ____ Yes ____ No

SIGNATURE SECTION

DEPARTMENT _____ PREPARED BY _____

CHAIR'S SIGNATURE _____

DEAN'S SIGNATURE _____

DEAN, EXTENDED EDUCATION _____