JOHN CARROLL UNIVERSITY
LECTURER'S TEACHING APPOINTMENT

It is mutually understood that any course with an insufficient enrollment may be cancelled, or if not cancelled, may be continued under an arrangement agreed upon at the time between the Dean of the College or School and the Lecturer.

It is also understood that the course(s) may be reassigned to a full-time member of the faculty whose services have unexpectedly become available.

This appointment is not effective until this form is signed by the Associate Academic Vice President and Lecturer, and returned to the Office of the Academic Vice President.

Name:
Social Security Number:

Address:
Phone Number:

Years of Professional Service: Highest Degree:

Semester and Year of Appointment: Course/Section:

Recommended Stipend: per unit Units: Course/Section:

Total stipend: to be paid on the following schedule:

_____

In case of an emergency contact _____

Relationship: Phone _____

Chairperson's Remarks: _____

_____
Date Department Budget # Chairperson

Dean's Remarks: _____

_____
Date Dean

Associate Academic Vice President's Remarks: _____

_____
Date James H. Krukones, Ph.D.
Associate Academic Vice President

_____
Date **Lecturer**

COMPLETE THE FOLLOWING ONLY IF CHECKED:

_____ Please see Human Resources to fill out W-4 and I-9 Forms.