

Adjunct Employee APPQMR Registration Authorization and Incentive Request

Employee Information

Name _____ UIN _____

College _____ Department _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email _____

Teaching Load Information

Course 1:

CRN _____ Course Name _____ Credits _____

Start Date _____ End Date _____

Course 2:

CRN _____ Course Name _____ Credits _____

Start Date _____ End Date _____

Workshop Date: _____

Version of the Workshop requested: Online F2F

Detailed Rationale: (Provide a brief, detailed rationale on how this workshop is directly related to the above course(s) and how it will enhance or benefit your teaching role and student learning. Please limit your response to 300 words or less.)

Supervisor Signature: _____ Date: _____

Employee may earn up to \$500 as an incentive for completing this course: Yes No

Dean's Signature: _____ Date: _____