



**APPLICATION FOR ADJUNCT FACULTY COURSE APPROVAL**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

Business Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_

Office e-mail: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I can teach on weekdays:  8 a.m. to 5 p.m.  6 p.m. to 10 p.m.  Saturday

If limited to more specific times or days, please indicate: \_\_\_\_\_  
 \_\_\_\_\_

**Please check the locations at which you are available to teach:**

- Brunswick  Goldsboro  Greenville  Manteo  New Bern  Raleigh-Durham  
 Rocky Mount  Washington  Wilmington  Winston-Salem

**EDUCATION**

DEGREES EARNED FROM REGIONALLY ACCREDITED INSTITUTIONS	INSTITUTION	MAJOR AREA	DATE

**COLLEGE TEACHING EXPERIENCE**

INSTITUTION	COURSES TAUGHT	DATES M/YR

**RELEVANT OCCUPATIONAL EXPERIENCE**

Please attach any additional information.

EMPLOYER	TITLE/RESPONSIBILITIES	DATES M/YR

**OTHER RELEVANT INFORMATION YOU WOULD LIKE CONSIDERED AS PART OF YOUR APPLICATION**  
Feel free to attach additional information that will be helpful in reviewing your application.


**REFERENCES**

Please list the names, titles, and phone, and email addresses of three professional references. Your references should be prepared to address your effectiveness as an instructor in undergraduate courses and, where possible, with adult students.

1.
2.
3.

Copies of your graduate transcripts must be included with your application. A minimum of 18 graduate hours in the teaching field and a Master’s degree are required. Approval to teach specific courses must be granted by the North Carolina Wesleyan College academic unit prior to teaching assignment. **The College may ask you to request official transcripts from the degree-granting institution(s).**

All information included in this application is true and represents my qualifications and credentials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have questions about the approval process, please feel free to contact the staff member with whom you have had contact or call the Academic Affairs Office at the NCWC Rocky Mount campus (252-985-5136). Thank you for your interest in becoming a part of the Adjunct Faculty at North Carolina Wesleyan College.*

North Carolina Wesleyan College is an Equal Opportunity Educational Institution.

Office of Academic Affairs  
North Carolina Wesleyan College  
3400 N. Wesleyan Blvd.  
Rocky Mount, NC 27804

