

## **Adjunct Faculty Pay Increase Request Form**

Complete this form if you are requesting an adjunct faculty member be paid higher than the amount they are due according to the adjunct pay guidelines. The form must be completed by the Chair and signed by the Dean before a contract is issued. Faculty must be qualified according to SACSCOC Guidelines.

Department Chair:	D	Date Submitted: Highest Degree Earned:			
Faculty Name:	н				
Major/Concentration:					
Number of Previous Terms Taught at TCU: Und		ergrad (U) or Grad (G) Level Course:			
	Approved TCU Course	es			
Course Information (title, prefix and	number)	Credit Hours	Amount Per Adjunct Pay Guidelines	Pay Amount Requested	
Briefly explain/justify your request for this request. The box that follows made and the professional License/Certification.		tion or e	Honors, Awards, Special		
Reviewed and Approved By:	Dogn (Signature)		brought and Vice Chan	coller for Appdomic Affoirs	
Chair (signature)	Dean (Signature)	F	Provost and Vice Chan	cellor for Academic Affairs	
Date	Date	Г	Date		