

Claremont Graduate University  
**FACULTY ADJUNCT CONTRACT FORM/ CGU FACULTY OVERLOAD FORM**

If you have any questions or need help filling out this form, please e-mail: [ProvostAdmin@cgu.edu](mailto:ProvostAdmin@cgu.edu). All contract request forms **and curriculum vitae** must be submitted to the Office of the Provost by inter-campus mail. After the adjunct professor has returned the signed contract letter to the Provost's Office, a copy will be sent to you for your records. Please make sure the adjunct professors in your school/department return the letter signed. If the course is cancelled, please send an e-mail to [rose.perez@cgu.edu](mailto:rose.perez@cgu.edu) (Payroll) and [ProvostAdmin@cgu.edu](mailto:ProvostAdmin@cgu.edu) (Provost Office).

DEADLINE DATES: Fall- July 1; Spring- November 1; Summer- April 1.

**CONTRACT INFORMATION**

<b>Center/ School:</b>	<b>Program:</b>	<b>Semester:</b>	<b>Year:</b>
<b>Dean of School/ Authorized Signature:</b>	<b>Contact Person &amp; Extension:</b>	<b>Date form competed &amp; submitted:</b>	

**PERSONAL INFORMATION**

<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Date of Birth</b> (MM/DD/YY):		<b>US Social Security Number:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> International, Visa Type:			<b>Needs Assistance with Visa:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

**CONTACT INFORMATION**

<b>PERMANENT ADDRESS</b>			
<b>Street Address:</b>			<b>Apartment/ Unit #</b>
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	<b>Country:</b>
<b>MAILING ADDRESS</b> (if different from above)			
<b>Street Address:</b>			<b>Apartment/ Unit #</b>
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	<b>Country:</b>
<b>ADDITIONAL CONTACT INFORMATION</b>			
<b>Phone Number:</b>		<b>E-mail Address:</b>	
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>Contact Name:</b>	<b>Phone Number:</b>	<b>Address:</b>	

**COLLEGE AFFILIATION**

<b>Please check the appropriate box (if applicable):</b> <input type="checkbox"/> CGU faculty <input type="checkbox"/> Teaching overload <input type="checkbox"/> CGU student	<input type="checkbox"/> Claremont Colleges faculty (not including adjuncts or visiting) College: _____	<input type="checkbox"/> Affiliated member at institution outside the Claremont Colleges Institution: _____
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**COURSE INFORMATION** (IF APPLICABLE)

Units	Course Number and Name	Module (if summer)	Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Salary	14 Digit Account # (adjunct: 4060; CGU faculty 4061; summer 4070 or 4071)
		<input type="checkbox"/> I				
		<input type="checkbox"/> II				
		<input type="checkbox"/> I				
		<input type="checkbox"/> II				
		<input type="checkbox"/> I				
		<input type="checkbox"/> II				

**REIMBURSEMENTS**

<input type="checkbox"/> Airline Ticket <input type="checkbox"/> Hotel <input type="checkbox"/> Transportation <input type="checkbox"/> Meals	<b>Account Number</b> _____
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**SPECIAL WORDING FOR CONTRACT** (IF APPLICABLE)

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