

**INSTRUCTIONAL APPOINTMENT AUTHORIZATION FORM**  
**Officer of Administration**  
 \_\_\_\_\_ (please indicate term/year)

The employee listed below has been invited to teach provided that the necessary approvals are granted.

NOTE TO EMPLOYEE: It is your responsibility to complete this form in its entirety and secure all approvals within your department. The additional signatures needed from the Provost Office will be secured by HR

**EMPLOYEE INFORMATION**

Employee's Name: \_\_\_\_\_  
 Employee ID #: \_\_\_\_\_ Uni: \_\_\_\_\_  
 Admin. Department: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Admin Title: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Note to Nonimmigrant Employees:** If you are working at Columbia in a nonimmigrant status sponsored by the University, you may not be eligible to teach in addition to your research, administrative or librarian responsibilities. If you are employed in a nonimmigrant status such as H-1, O-1, TN, or E-3, please indicate the type and the duration of the work authorization below. Failure to answer this question may delay or prevent your appointment.

Visa /Status classification: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_.

**COURSE INFORMATION**

Program Name: \_\_\_\_\_  
 Course # and Name: \_\_\_\_\_  
 Credit: \_\_\_\_\_ Number of Points: \_\_\_\_\_ Non-Credit: \_\_\_\_\_  
 Start and End Dates: \_\_\_\_\_ to \_\_\_\_\_ Days and Times: \_\_\_\_\_

Are you teaching another course in addition to the above mentioned course during this same term?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please give details on page 2).

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In addition to the course mentioned on the previous page, I have also taught or plan to teach the following course(s) during the academic year:

**Summer 2017**

School Name: _____	Program Name: _____
Course # and Name: _____	
Credit: _____	Number of Points: _____
Non-Credit: _____	
Start and End Dates: _____ to _____	
Days and Times: _____	

**Fall 2017**

School Name: _____	Program Name: _____
Course # and Name: _____	
Credit: _____	Number of Points: _____
Non-Credit: _____	
Start and End Dates: _____ to _____	
Days and Times: _____	

**Spring 2018**

School Name: _____	Program Name: _____
Course # and Name: _____	
Credit: _____	Number of Points: _____
Non-Credit: _____	
Start and End Dates: _____ to _____	
Days and Times: _____	

**Summer 2018**

School Name: _____	Program Name: _____
Course # and Name: _____	
Credit: _____	Number of Points: _____
Non-Credit: _____	

Start and End Dates: _____ to _____ Days and Times: _____
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\_\_\_\_\_ (please indicate term/year)

Employee's Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Uni: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

**VERIFICATION OF TEACHING ELIGIBILITY**

**Note:** This form **must** be signed by the following people. When complete, retain a photocopy of the signed form and send in the original. You may attach emails or letters of approvals to this form. (It is the employee's responsibility to have this form completed within their department and returned to HR).

Direct Admin Supervisor's Name (print): \_\_\_\_\_

Direct Admin Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Admin Department's Name (print): \_\_\_\_\_

Head of Admin Department's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EVP Arts & Sciences Office: \_\_\_\_\_ Date: \_\_\_\_\_

Provost's Office (408 Low Library): \_\_\_\_\_ Date: \_\_\_\_\_