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**

<table>
<thead>
<tr>
<th>School Name:</th>
<th>____________________________</th>
<th>Program Name:</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course # and Name:</td>
<td>____________________________</td>
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**Fall 2017**

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**Spring 2018**

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**Summer 2018**

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INSTRUCTIONAL APPOINTMENT AUTHORIZATION FORM

Officer of Administration
__________________________ (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: ________________