# PART-TIME FACULTY APPLICATION

2017-2018

INSTRUCTIONS: Please complete and return this application form to Sheila Brown ([sheila.brown@csun.edu](mailto:sheila.brown@csun.edu)) on or before **April 7, 2017**. Print all information. Since the Health Sciences Department receives many applications for part-time teaching, please note that a letter and resume will not suffice.

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE INITIAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL. NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Indicate which course number(s) you are applying to teach. If applying for more than one course, list in order of expertise. Link to program and course titles:* <http://www.csun.edu/health-human-development/health-sciences/faculty-position-openings>

|  |  |  |  |
| --- | --- | --- | --- |
| **Course No. (1)** |  | **Course No. (4)** |  |
| **Course No. (2)** |  | **Course No. (5)** |  |
| **Course No. (3)** |  | **Course No. (6)** |  |

*To assist in the scheduling of assignments, though there is no guarantee,* ***please specify your availability and preferences:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Classes beginning at:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **8:00 a.m. - 9:15 a.m.** |  |  |  |  |  |  |
| **9:30 a.m. - 10:45 a.m.** |  |  |  |  |  |  |
| **11:00 a.m. - 12:15 p.m.** |  |  |  |  |  |  |
| **12:30 p.m. - 1:45 p.m.** |  |  |  |  |  |  |
| **2:00 p.m. - 3:15 p.m.** |  |  |  |  |  |  |
| **4:00 p.m. - 6:45 p.m.** |  |  |  |  |  |  |
| **7:00 p.m. - 9:45 p.m.** |  |  |  |  |  |  |

*Indicate your educational qualifications:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Degree** | **Specialty** | **Institution** | **Date** |
| **Bachelor** |  |  |  |  |
| **Master** |  |  |  |  |
| **Doctorate** |  |  |  |  |
| **Other**  **(Certificates, licenses, etc.)** |  |  |  |  |

Please add other relevant information related to teaching experience, quality of teaching, professional experiences relevant to the courses, and any other information related to your application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following MUST be attached and submitted on or before April 7, 2017:**

1. CV/Resume

2. Past teaching in specific course

3. Evidence of teaching quality – attach summaries of peer and/or student evaluations

4. If you have an international degree you need to include the degree evaluation from one of the international degree evaluators.

Revised 2/17