

PART-TIME LECTURING REQUEST

For Internal Part-Timers (IPT) a maximum of 2 taught (not supervision) courses above your base load are allowed per semester. For External Part-Timers (EPT) a minimum of 2 courses and a maximum 3 courses are allowed per semester. Applicant should fill <u>One Form</u> a semester and include all courses taught in the College irrespective of the department.

	(INTERNAL/ EX	TERNAL)		
SECTION A Personal Details Provide all information	S tion correctly to avoid delay.			
NAME				
	(Full name as would appear in payment docume	ents)		
PF/ID/PP No	F/ID/PP NoQUALIFICATION			
	(As applicable)	(I	Bachelors/ Masters/ PhD)	
DEPARTMENT_		DESIGNATION		
	(Department where the lecturer is based)		(T/F/ Lecturer/ Technicianetc	
SEMESTER		ACADEMIC YEAR		
	(I or II)		(Year taught)	
CURRENT EMPI	LOYER/ OPERATION			
	(Institution you v	work for on full time/ when	re you operate from)	
Course details	Part-time basis for which the appointment is b as they are specified in the curriculum)	eing requested.		
Course	Course			
Code	Title			
1)				
2)				
3)				
4)				
5)				
Course loading d	otolla.			
	g of the courses detailed above as taught and e	videnced in the Teaching	Timetable)	
Course	No. of	Contact hours	No. of	
Code	Students	per week	Units	
1)				
2)				
3)				
4)				
E \				

SECTION C

Full-Time/ Previous Teaching

To Vice Chancellor to issue letter of offer

For IPT please list courses you taught on Full-Time basis (Base load) at your department of deployment or other departments. For EPT please list courses you taught at the College during previous semesters. The Lecturer, the HoD of the Department in which the courses were offered and the respective Dean of School must sign this section of this form.

Course details (Give course details as the	y are specified in the respective co	ourse curriculum)		
Course Code 1) 2) 3)	Course Title			
4) 5) 6)				
Course loading details (Give course loading of the	e courses detailed above as taugh	t and evidenced in the Teaching	Timetable)	
Course Code 1) 2) 3)		Contact hours per week	No. of Units	
4) 5) 6)				
•	tion provided above is correct		DATE	
SIGNED	OF DEPARTMENT (Where IPT		DATE	
SIGNEDDEAN	OF SCHOOL (Where IPT or EP		DATE	
SECTION D Approval To be completed by the De	outy Vice Chancellor (ASA).			
Candidate is APPOINTA	ABLE/ NOT APPOINTABLE	(Delete as appropriate)		
SIGNED	DEPUTY VICE CHANCE	LLOR (ASA)		

<u>NB</u>: Candidate to attach copies of Departmental/ School teaching timetables (highlight all your courses as appropriate and Endorsed by HoD)

DATE____