

INSTRUCTIONAL PERMISSION 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: _____

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: _____

Salary: _____

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:

EPHU 201

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

201

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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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/Dean's Office: _____ Date: _____

Provost (408 Low Library): _____ Date: _____