

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: _____

VISA INFORMATION

If you are employed in a non-immigrant visa status such as J-1, F-1, H-1B, O-1, TN, or E-3, there may be restrictions on your ability to teach in addition to your research responsibilities depending on your visa type.

This section must be completed by ISSO :

Jane Acton (Morningside/Manhattanville, ja378@columbia.edu) or

Kathleen McVeigh (CUIMC, kcm1@cumc.columbia.edu)

Failure to obtain this ISSO approval may delay or prevent your appointment.

Visa Classification _____ Expiration date _____

Current visa status does permit a teaching appointment

Current visa status does not permit a teaching appointment

ISSO Comments: _____

ISSO: Name and Signature: _____

Date: _____

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COURSE INFORMATION

School Name: _____

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 below).

Summer 2024

School Name: _____ Program Name: _____

Course # and Name: _____

Credit: _____ Number of Points: _____ Non-Credit: _____

Start and End Dates: _____ to _____ Days and Times: _____

Fall 2024

School Name: _____ Program Name: _____

Course # and Name: _____

Credit: _____ Number of Points: _____ Non-Credit: _____

Start and End Dates: _____ to _____ Days and Times: _____

Spring 2025

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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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: _____