

**INSTRUCTIONAL PERMISSION FORM**  
**Officer of Administration/Officers of the Libraries**  
\_\_\_\_\_ (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. Copy of your updated CV must be attached to the form if you are going to be teaching for the first time.

**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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**(please indicate term/year)**

**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: \_\_\_\_\_

**INSTRUCTIONAL PERMISSION 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/Dean's Office: \_\_\_\_\_ Date: \_\_\_\_\_

Provost (408 Low Library): \_\_\_\_\_ Date: \_\_\_\_\_