



Adjunct Approval Form for First Class

Date: _____

Full Legal Name _____

Address:

Home _____ School _____

Cell#: _____

Phone: _____

E-mail address _____

Name of school _____

Classes currently taught _____

Classes you wish to teach for Dual Credit with First Class:

Please attach the following:

1. Current Resume/CV
2. Copy of Undergraduate Transcripts
3. Copy of Graduate Transcripts (If approved to teach, we will need an official)

Please submit to: Peggy O'Connell, Central Methodist University, 411 CMU Square, Fayette, MO 65248

Fax – 660-248-6392 - email – moconnel@centralmethodist.edu