KABARNET UNIVERSITY COLLEGE

REQUEST FOR APPROVAL OF PART-TIME LECTURERS FROM OUTSIDE THE UNIVERSITY

(To be completed in Quadruplicate)

Part A (To be completed by Lecturer seeking part-time appointment)

Name of Part-time Lecturer _____ _____

Qualification & Year of completion

National ID Number/Passport Number _____

Current employing institution _____position_____ _____

Details of course(s) taught in your institution

Course code	Title	Contact Hours per wk.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been released by your current employer – YES/NO
If yes, please attach a copy of letter of release. If no please explain why this has not been done.

_____
_____
_____

I certify that the information provided above is correct _____ _____

Signature of applicant **Date**

Part B (To be completed by Head of Department)

Details of Course(s) to be taught, Year/Semester _____ _____

Programme: Certificate/Diploma/Undergraduate *(cancel whichever is not applicable)*

Course Code	Title	No. of Students	Contact Hours per week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Name of Lecturer (contd) _____

Has the lecturer taught other courses during previous semesters. If yes, please supply details of the course(s)

Course Code	Title	No. of Students	Contact Hours per week
_____		_____	_____
_____	_____	_____	_____

Has your Departmental Short-Listing Committee considered this lecturer's C.V. and approve it? Yes/No.

Why are you unable to recruit staff to teach these course(s). Please give details.
(Attach minutes of Departmental teaching arrangements/staff loading and Departmental Time-Table, C.V and Certified copies of Certificates)

Name_____ Sign _____ _____Date_____
Head of Department

Part C (To be completed by Dean of School)

I certify that to the best of my knowledge the department requires the services of this external part-timer.

Name_____ Sign _____ _____Date_____
Dean of School

Part D (To be completed by Deputy Principal (ARESA) and Principal)

I recommend/do not recommend the request:

Name_____ Sign _____ _____Date_____

Deputy Principal (Academics, Research and Students Affairs (ARESA))

Date

I approve/do not approve

Sign _____ _____ _____

Vice Chancellor **Date**

To **Deputy Principal (Administration, Planning and Finance)** for issue of letter of offer

Date _____