KABARNET UNIVERSITY COLLEGE

IPT/01

REQUEST FOR APPOINTMENT FOR INTERNAL PART-TIME LECTURING

(To be completed in Quadruplicate)

Part A (To be completed by Lecturer seeking internal part-timing)

Name of Lecturer _____ PF._____

Designation_____ Department

Department to which you are applying _____

Details of courses taught on full time basis

Course code	Title	No. of Students
Course Code	Title	No. of Students
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Details of courses to be taught, on a part-time basis, Year/Semester _____
Programme: Certificate/Diploma/Undergraduate *(Cancel whichever is not applicable)*

Course code	Title	No. of Students	Contact Hours Per week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you also teaching evening/parallel degree courses? Yes/No
If yes indicate courses being taught.

Course code	Title	No. of Students	Contact Hours Per week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Are you teaching part-time or undertaking any other work outside the University? If yes, please indicate courses/work details.

Course code	Title	No. of Students	Contact Hours Per week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Work Details

_____
_____
_____
_____

I certify that the information provided above is correct. _____

Applicant signature Date

Revised form, March 2016

Part B (To be completed by Head of Department and Dean of School)

(i) Head of Department

Details of courses the lecturer is currently teaching in my department.
(*Attach departmental timetable, Staff loading and Minutes of Departmental Short Listing Committee.)*

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

I certify that the above named is teaching the above courses, and that his/her staff loading is correct. The lecturer is released/not released to engage in part-time courses he/she has applied for.

Name_____ Sign _____ _____Date

Head of Department _____

(ii) Dean of Faculty/School

I recommend/do not recommend of the request

Name_____ Sign _____ _____Date_____

Dean of Faculty/School

Part C (To be completed by the receiving Department/School).*

I certify that the above named is acceptable/not acceptable to teach the courses in my Department/School.

_____ _____

Head of Department Dean of School

**Please attach minutes of Departmental Short Listing Committee. Indicate courses and Departmental Staff Loading and teaching timetable.*

Part D (To be completed by the Deputy Vice Chancellor (A, R & E))

Candidate is appointable/not appointable (Cancel whichever is not applicable)

_____ _____

Deputy Vice Chancellor (A,R & E) Date

To **Deputy Vice Chancellor (Administration, Planning and Development) to issue letter of offer**

Date_____