

KABARNET UNIVERSITY COLLEGE

REQUEST FOR APPOINTMENT FOR INTERNAL PART-TIME LECTURING
(To be completed in Quadruplicate)

IPT/01

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

<u>Course code</u>	<u>Title</u>	<u>No. of Students</u>
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)

<u>Course code</u>	<u>Title</u>	<u>No. of Students</u>	<u>Contact Hours</u> Per week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

<u>Course code</u>	<u>Title</u>	<u>No. of Students</u>	<u>Contact Hours</u> 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.

<u>Course code</u>	<u>Title</u>	<u>No. of Students</u>	<u>Contact Hours</u> Per week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Work Details

I certify that the information provided above is correct.

Applicant signature

Date

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.)

<u>Course Code</u>	<u>Title</u>	<u>No. of Students</u>	<u>Contact Hours per week</u>
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 Principal (A & SA))

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

 Deputy Vice Principal (A& SA)

 Date

To Deputy Principal (Administration & Finance) to issue letter of offer

Date _____