



Bilkent University

Part Time Instructor Request Form

| | |
|-------------------------|--|
| Faculty / School | |
| Department | |

| Course Code | Course Name | Academic Year | Semester | Expected Enrolment |
|-------------|-------------|---------------|---|--------------------|
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | |
| | | | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | |

Courses to be taught by this instructor will follow standard Bilkent time schedule slots.

Yes No - Please explain:

All instructors are expected to follow standard time schedule slots. Exceptions may be granted only when absolutely necessary.

| | |
|--|--|
| Instructor Name | |
| Highest Degree | |
| Institution | |
| Year | |
| Current Employment Position | |
| Past Employment Position, Year | |

Please provide the list of the courses with their codes if this instructor has taught at Bilkent University in the past.

| | | |
|------------------------------|------------------|-------------|
| Department Chair | Signature | Date |
| Dean or Director | Signature | Date |
| Office of the Provost | Signature | Date |
| Notes | | |