

Ee Banner ID: _____

Per Course Appointment

NEW INT'L ADDRESS CHANGE

SEMESTER	Academic Unit:		HOME ORG:	CHECK ORG:
	Year: 20_____	Semester: Fall	Winter	Spring
	Request By:			

I certify that there are no faculty members in this academic unit who could be assigned to teach this course as part of normal load.

Subject to sufficient enrollment, the following individual is selected to teach the courses below:

IDENTIFICATION	Last Name, First Name:			
	Prefix (Select one):	Dr.	Mr. / Ms.	Prof.
	SIN#:			
	Birth Date:			
	Street Line 1:			
	Street Line 2:			
	City/Prov/Postal Code:			
	Phone:	Home:	Cell:	
	Email Address:			

Complete this section for INTERNATIONAL instructors and attach a copy of the current permit and SIN.

PERMIT TYPE	PERMIT NUMBER	TICK if N/A	
Work Study		Expiry Date:	
Nation of Birth:		Nation of Citizen:	

ATTRIBUTES	Select One:	Staff	Grad Student	Adjunct	Visiting	Post Doc
	Select One:	On Probation	Seniority List	#Points _____		
	Other comments:					

COURSE	Course Number(s)	Course Name(s)	CRN

INSTRUCTIONS

Please forward this form to MyHR for NEW and INTERNATIONAL Per Course Instructors, or returning Per Course Instructors with address changes.
 Attach Direct Deposit information and Work/Study Permit and SIN documentation.
 HR will forward form to Faculty Relations for Faculty maintenance in BannerStudent (SIAINST).