



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		