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# Continuing Education Adjunct Faculty Application

For Office Use Only			
Academic Approval _____	Date ____ / ____ / ____	Entered/ Routed _____	____ / ____ / ____
Academic Approval _____	Date ____ / ____ / ____	Approved _____	____ / ____ / ____

**To Apply** for continuing education adjunct faculty status at Seattle Pacific University, complete this form and sign. Request an official transcript from the institution which granted your highest degree and mail both application and transcript to:

Seattle Pacific University  
School of Education, Continuing Education  
3307 Third Avenue West, Suite 209  
Seattle, Washington 98119-1950

## I. APPLICATION

### A. Personal Information

\*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

\*Previous Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Present Place of Employment \_\_\_\_\_

Current Position or Title \_\_\_\_\_ Starting Date \_\_\_\_\_

Mailing address at which you would like to receive SPU correspondence, if different from permanent address:

School \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

*\*If you've taken or taught a course through SPU and you've had a name change since that time, please submit official documentation, e.g., copy of social security card, marriage/ divorce certificate or other legal document.*

## B. Academic Preparation

Adjunct faculty who are teaching education courses are expected to have *at least* a master's degree. Please list below your formal education beyond high school and submit an **official** transcript from the institution which granted your highest degree.

Institution	Dates	Major	Degrees (MA, Ph.D.)

## C. Professional Experience

Institution	Position	Subject/Experience	Dates

## D. Professional Development

Please list any professional organizations you have participated in that relate to your teaching area.

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## E. References

Please list three references that are willing to provide information about your personal and professional qualifications.

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

## II. Continuing Education Adjunct Faculty Agreement

### A. Course Requirement

I understand and agree that the following requirements apply to me and to every course I teach (or for which I am the instructor of record).

1. **Proposing, Changing, Or Canceling A Course:** I understand and agree that, for each course I wish to teach (or for which I will be the instructor of record), I must submit in a timely manner a completed School of Education Continuing Education Course Form, which is available from the SOE/CE program office. I must immediately inform the CE program coordinator of any canceled course or changes to the date, time, class location, instructor, or course content of any course. (If the change is notified by voice mail, it **must** be followed up in writing.)
2. **Syllabus:** I understand and agree that I must provide to all registered students a course syllabus that has been approved by the Continuing Education program. I understand that the purpose of the syllabus is to provide clear communication about the goals, direction and requirements of the course and to formalize communication between me and students concerning academic (and logistical) expectations. I agree to require student compliance with the syllabus and not to modify the syllabus without the prior written approval of the CE program. I understand and agree that all changes I make to course content must be accompanied by an updated syllabus, which must be approved by SOE/CE.
3. **Contact Hours:** I understand and agree that all courses must meet for 10 instructional contact hours for each

quarter credit. Since the maximum number of contact hours allowed in one day is eight, all courses must meet for at least two days. I must require out-of-class assignments, appropriate to the number of credits, as a requirement for the students to achieve a passing grade or above, and to assess their understanding of the content. I understand that SPU does not accredit Sunday contact hours. Practicum credits may be approved at a 2 to 1 time ratio.

4. **Other Responsibilities:** I understand and agree that I am responsible for classroom instruction; insuring that SPU guidelines and policies are upheld; evaluating student progress; processing student grades; and resolving any other questions or concerns regarding the course. I may choose to act as an “instructor of record” for a course. If I act as an instructor of record for a course, I understand and agree that I will be fully responsible for the course except that another instructor, instead of me, will teach most of the classes in the course. If I choose this arrangement, I must list the other instructor’s name on the SOE/CE Course Form.
5. **Publicity:** I understand and agree that, without SPU’s prior consent, I may not use the name of SPU (or any of its schools, divisions, or departments) for any purpose including, without limitation, advertisements of any course I teach (or for which I act as the instructor of record).

## **B. INDEMNIFICATION**

I agree to indemnify SPU, its directors, officers, employees, agents and students from and against any and all costs, losses, damages, or other liabilities including, but not limited to, courts costs and attorneys’ fees and expenses, that arise from or relate to my performance or breach of this agreement, except to the extent such costs, losses, damages, or other liabilities are caused by the sole negligence of SPU.

## **C. NON-EMPLOYMENT**

I understand and agree that: (1) if the SPU School of Education appoints me as an continuing education adjunct faculty member, the appointment does not create an employment relationship between me and SPU and does not entitle me to any compensation; (2) at any time, with or without cause, and in its sole discretion, SPU can (a) terminate my status as an SOE adjunct or (b) cancel any course I teach, propose to teach, or for which I act as instructor of record; and (3) unless otherwise renewed, my status as an SOE adjunct member shall automatically terminate two years after the date of my most recent appointment or renewal.

## **D. INSTITUTIONAL EXPECTATIONS**

The purpose of the School of Education, Continuing Education Program is to provide practicing K-12 educators with high quality development courses and services. The program seeks to fulfill the mission of the Seattle Pacific University School of Education by preparing educators for service and leadership in schools and communities by developing their professional competence and character within a framework of Christian faith and values.

I agree to uphold high academic standards, respect the Christian faith and values of the University, and abide by University lifestyle commitments while engaged in University-related activities. I agree to maintain the University’s standards of moral ethical and professional conduct in all official interaction with students.

## **E. INFORMATION**

If any of the information above in Section I.A. of the Application changes, I agree to immediately provide the updated information to SPU. If the SPU School of Education appoints me as a Continuing Education Adjunct Faculty member, I agree to fulfill each of the obligations and responsibilities stated or referred to above. A Continuing Education Adjunct Faculty Handbook which outlines this information in detail is available on our website. [www.spu.edu/spiral](http://www.spu.edu/spiral).

*I have read the information above and agree to its terms. I have provided, to the best of my knowledge, accurate and complete information on this form.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_