

Northeastern Illinois University – El Centro
Fall 2008
Instructor Information
(To be completed by NEW Instructors only)

Name _____ (First, Last) Starting Date at El Centro _____

Highest Degree Earned _____

Mailing Address _____

Home Phone _____ Alternate Phone _____

Campus Address _____

Campus Phone _____ Email: _____

Department _____ Chair _____

Course (s) taught at El Centro (Full name of course, number & section)

Other Courses taught at Northeastern Illinois University (Full name of course, number & section)

FOR OFFICE USE ONLY

Contract Status (Unit, VL, PT, %) _____ Date signed by ALL Dept.s _____

Budget Account (s) _____

Dept. Recommended _____ Dept. Approved: _____