## McNeese State University

## **LETTER OF APPOINTMENT**

Visiting Lecturers

NAME:			
SOCIAL SECURITY:		HIGHEST DEGREE:	
DEPARTMENT:		COLLEGE/DIVISION:	
		ACCOUNT:	
	ou are not eligible to recei	ne semester only at the salary of \$ ive employee benefits. Your respons following course(s):	
Course Number Section		Assigned Hours (per week)_	
First-time appointmen	nt		
If not first-time appointment, indicate most recent appointment Year:			Semester:
	ions. Please refer to the	niversity policies, the rules and reg e McNeese State University websi	
Appointee Signature		Date	
Department Head Signature			
Dean Signature			
Vice President of Academic Affairs Signature			

 $\underline{\text{NOTE}}$ : This form must be completed and submitted to the Vice President of Academic Affairs no later than the end of the first day of class each semester.