

ACCEPTANCE OF
ADJUNCT APPOINTMENT

I, _____, hereby accept appointment as an adjunct faculty member in the Department of _____ at Kansas State University for the period beginning _____ to _____. I understand that my appointment is made for the benefit of the university, in order to allow me to contribute to its academic program, and that all university rules and regulations apply to my association with the university, including university policies regarding intellectual property, conflict of interest, classified research, and use of human subjects. I also understand that my work at the university is subject to the supervision and control of university personnel. I accept responsibility for liability in cases of student work that I supervise off campus.

I understand that my status as an adjunct faculty member affords me use of the university libraries, faculty rates for athletic events, K-State Union and cultural events, faculty parking privileges and residence fees for my dependents.

ADJUNCT FACULTY MEMBER

_____ Date: _____

Recommended by:

Department Head

Approved by:

Dean in the College of _____