To be completed in the office of the Vice Presidentof Academic Affairs					To be completed by the Directorof WBUonline ±SUBMIT SEPARATE AUTHORIZATION FOR DIFFERENT SESSIONS.						
W-4 I-9, etc.	Fac Que st	All Orig. Trans.	Eval. of Fac. Qual. (EFQ)	School Dean& VP Approval	Full Legal Name of Adjunct Faculty	Social Security Number	Number & Name of Course	Confirm of Teach. Assign.	No. of Stud.	Total Pmt.	Acct Number

APPROVED: \_\_\_\_\_