Georgia Tech

Dual Appointment Request Form

Section A – Dual Appointment Coordinator Information

Requesting Institution _____

Contact Name _____ Phone _____

Title _____ Email _____

Home Institution _____

Contact Name _____ Phone _____

Title _____ Email _____

Section B – Requesting Institution Commitment Expectations

Employee Name _____ Employee ID _____

Institution Name _____ Request Date _____

Requested Dates of Service _____

Need for and description of services to be performed

Requested Obligations

Institution	Credit Hours	Contact Hours	Standard Hours*	Begin Term Date	End Term Date

**If Employee's duties are instructional, all columns are required.*