REGULAR SESSION
SESSIONAL LECTURER POSTING FORM

PLEASE COMPLETE REQUIRED INFORMATION ONLY AND RETURN TO THE HUMAN RESOURCES DIVISION
(By noon of the Monday preceding the Wednesday posting day)

College: _____ **Department:** _____

Course Number(s)	% if less than 100	Course Name[1]	Section	Enrollment Limit	Term	Qualifications[2]	Location (if different from Saskatoon)

[1] **Do not complete unless 1) is a new course, or 2) course is not already on file in the Sessional Lecturer Database**.
[2] **Do not complete unless 1) see 1 above, or 2) wish to change qualifications from what is currently on file in the Sessional Lecturer Database.**

Department Head: _____ **Signature:** _____ **Date:** _____
Print or Type Name

Department Contact: _____ **Phone number:** _____ **E-mail:** _____