

OFFICER OF RESEARCH INSTRUCTIONAL PERMISSION FORM

_____, **200** ____ (indicate term)

The Officer of Research listed below has been invited to teach for the _____
(indicate appropriate University Department/School) provided that the necessary approvals are granted.

If you hold a postdoctoral or other research appointment, does your grant/contract allow you to do work other than the research described in the grant/contract? YES _____ NO _____

Award No. _____ Account No. _____
(Failure to answer this question and obtain the necessary approvals (see page 2), will prevent your appointment.)

It is your responsibility to complete this form in its entirety and secure all approvals within the appropriate departments. **Completed forms must be returned to your departmental administrator as soon as possible, but no later than eight weeks prior to the start date of the course. Failure to obtain the necessary approvals within this period may prevent your appointment.**

EMPLOYEE INFORMATION

Employee's Name: _____

UNI _____ Admin. Department: _____

Current Title: _____ Full Time: _____ Part Time: _____

Note to Non-immigrant Individuals: If you are working at Columbia in a nonimmigrant status sponsored by the University, you may not be eligible to teach in addition to your research responsibilities. If you are employed in a nonimmigrant status such as J-1, F-1, H-1, O-1, TN, or E-3, please indicate the type and the duration of the work authorization below. Failure to answer this question may delay or prevent your appointment.

Visa/status classification: _____ Visa expiration date: _____.

Does the petition that was filed on your behalf describe teaching as one of your responsibilities?
____Y ____N (Please attach a copy of your sponsor letter.)

[If your visa does NOT permit you to teach, please contact your Department Administrator for the filing of an amended petition.]

COURSE INFORMATION

Course # and Name: _____ # of Points: _____

Start and End Dates: _____ to _____ Days and Times: _____

Are you teaching another course in addition to this during the current Fiscal Year? (July 1 - June 30)?
Yes _____ No _____ (If yes, please give details below).

In addition to the course mentioned above, I am also teaching the following course(s) during the current 12-month Fiscal Year. *By signing this form, I acknowledge that I understand that an officer of research may accept an invitation to teach no more than two (2) courses per year throughout all of Columbia University and that no more than one course may be taught in any given term.*

Department/School: _____

Course # and Name: _____

Number of Points: _____

Start and End Dates: _____ to _____ Days and Times: _____

OFFICER OF RESEARCH INSTRUCTIONAL PERMISSION FORM

_____, 200__ (indicate term)

Employee's Name: _____ UNI: _____

Employee's Signature: _____ DATE: _____

Department/School: _____ Course # and Name: _____ Number of Points: _____ Start and End Dates: _____ to _____ Days and Times: _____
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VERIFICATION OF TEACHING ELIGIBILITY

Note: This form **must** be signed by the Chair/Dean of the Department/School offering the course, the individual's Principal Investigator and the PI's administrative department, the appropriate Research Administration office, the CUMC Administration/Payroll office (for CUMC Officers), VP for Arts & Sciences/Engineering Dean's Office (as appropriate) and the Provost's Office. When complete, retain a photocopy of the signed form for your files. You may attach emails or letters of approvals to this form. (It is the Officer's responsibility to have this form completed and returned to the appropriate Department/School in which the teaching will occur for all appropriate signatures of approval and to all other signatories.)

Approvals:

My Department/School would like the individual named above to teach the above cited course(s) in my department. If approved by all individuals below, s/he will be paid \$_____ and will be appointed as a(n) _____ for the period _____ through _____.

1. Chair of Department/Dean of School Name (print name): _____

Chair of Department/Dean Signature: _____ Date: _____

2. Principal Investigator (print name): _____

Principal Investigator's Signature: _____ Date: _____

(Signature certifies the above individual has the PI's permission to teach this course and that doing so will not interfere with his/her usual responsibilities.)

3. Principal Investigator's Administrative Department Chair (Signature certifies Departmental approval)

Name Print: _____ Date: _____

Signature: _____ Date: _____

4. Research Administration (Signature certifies the above activity is allowable under the terms of the research officer's award.)

Name Print: _____ Date: _____

Signature: _____ Date: _____

5. CUMC Administration/Payroll Office: **(For CUMC Officers of Research only)** Signature certifies CUMC Dean's Office approval.

Name Print: _____ Date: _____

Signature: _____ Date: _____

6. VP Arts & Sciences/Engineering Dean's Office **(for Morningside Officers of Research only)**. Signature certifies VP/Dean's Office approval.

Name Print: _____ Date: _____

Signature: _____ Date: _____

7. Provost's Office (Signature certifies Provost Office approval)

Name Print: _____ Date: _____

Signature: _____ Date: _____