

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE

ADJUNCT AGREEMENT

This form must be completed by division chair/director and approved by appropriate officials before processing and/or payment can be made.

Name _____

SSN _____

Address _____
Street Address City State Zip

Phone _____

Date of Birth _____

CONTRACT INFORMATION

Division: _____ Effective Date from _____ to _____

Time: _____ Day _____ Night Semester: _____ Fall _____ Spring _____ Summer

Session: _____ 1st _____ 2nd

<u>COURSE</u>	<u>SECTION</u>	<u>TIME</u>	<u>DOLLAR AMOUNT PER COURSE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is understood that the amount paid per course includes all time and effort required in preparing instructional materials, providing instructional services, keeping and reporting student attendance and records, and submitting final grades. It is further understood that final payment will not be made until final grades and records have been submitted.

This contract is null and void if the College cancels this course.

I certify that the class schedule and amount per course are true and correct:

Faculty Member Date

Division Director Date

Dean or Center Director Date

Vice President for Educational Affairs Date

Vice President for Fiscal Affairs Date