

ORU RESIDENTIAL ADJUNCT FACULTY ASSIGNMENT FORM

TERM: _____ **Year:** _____

Beginning Date: (First day of class) _____ **Ending Date:** (Date grades are due) _____

I. ADJUNCT DETAILS

Adjunct Name: _____ **Z Number:** _____

College _____ **Department** _____

Rank _____ **ORG Number** _____

II. COURSE DETAILS – ASSIGNED COURSES:

Course Number/Section:	Load Hours:

III. COMPENSATION

Rate/Credit Hour: _____ **Total load hours:** _____ **Total Compensation:** _____

Low enrollment for an assigned course may result in adjusted compensation or cancellation of the class as indicated below.

IV. AUTHORIZATIONS

Chair Signature: _____ **Date:** _____

Dean Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

V. COURSE CHANGES

Course Number/Section:	TYPE OF CHANGE (Add, Cancel, or Modify)	Load Hours:

VI. AMENDED COMPENSATION

Rate/Credit Hour: _____ **Amended Total Load Hours:** _____ **Amended Total Compensation:** _____

VII. AUTHORIZATIONS

Chair Signature: _____ **Date:** _____

Dean Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____