Mississippi Delta Community College Class Load Inquiry for Adjunct Instructors

	Semester: _	Summer		Year:		
Instructor:			ID#:			
Department:						
Beginning Date:			Ending Date:			
(Please o	do not put E-Lear	ning Classes on	this form. Th	is form will come from	E-Learning.)	
CRN, Course #, & Section		Time Days		# of Contact Hours	Campus	
Total Hours:	(3	3 hours = \$1,4	00.00)			
Instructor			D	Date		
Department Chair/Supervisor			Di	Date		
Vice President of Instruction			Da	ate		
President				ate		