

WEST VIRGINIA STATE UNIVERSITY
Office of Academic Affairs
131 Ferrell Hall
PO Box 1000
Institute, WV 25112-1000

RECORD OF UNCOMPENSATED TEACHING DUTIES

NAME: _____ **POSITION:** _____

DEPARTMENT: _____ **COLLEGE:** _____

E-MAIL ADDRESS: _____

TERMINAL DEGREE: YES: NO: **SEMESTER:** Fall: Spring: Summer: Year: _____

SESSION (FOR SUMMER APPOINTMENT ONLY): 3-week 6-week 9-week

THE FOLLOWING COURSES ARE TO BE TAUGHT BY THE AFOREMENTIONED INDIVIDUAL:

<u>Index & Course #</u>	<u>Name of Course</u>	<u>Section(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours: _____ **Salary:** \$ UNCOMPENSATED

Notes:

SIGNATURES:

Chairperson: _____ Date: _____

Dean: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

Please indicate your acceptance of this arrangement by signing, dating, and returning one copy of this record within 10 days to the Office of Academic Affairs.

Your Signature (**Blue Ink**): _____ Date: _____