

MEMORANDUM

TO:	Part Time Instructor						
FROM:	(Division Chair Name)						
DATE:							
RE:	(Term and year)	Sched	lule				
		your(terr		teachi	ng assignment((s). This is y	our
	review and let crepancies.		ive Coordinato	r's name)		know if th	nere ar
As usu	al, these appoi	intments a	re subject		te unanticipated contact you if t		_
(Administ	rative Coordinator's	name)			·		
NSTRUCTOR	COURSE	CRN	DAYS	TIME	ROOM	CREDITS	
Laccen	t the assignme	ent(e) lieta	ed above (signature and	l date):		
Signatu		, ,	eu above (s	Б.	•		_