Mississippi Delta Community College
Class Load Inquiry for Adjunct Instructors

Semester: _____ **Year:** _____

Instructor: _____ **ID#:** _____

Department: _____

Beginning Date: _____ **Ending Date:** _____

(Please do not put E-Learning Classes on this form. This form will come from E-Learning.)

CRN, Course #, & Section	Time	Days	# of Contact Hours	Campus

Total Hours: _____ **(3 hours = $1,300.00)**

_____ _____
Instructor **Date**

_____ _____
Department Chair/Supervisor **Date**

_____ _____
Vice President of Instruction **Date**

_____ _____
President **Date**