

Music Department Lecturer Contract Information

Please return to Budget Secretary at your earliest convenience

Legal Name of Lecturer: _____

Semester and Year of Contract: _____

Signature of Tenure-Track Faculty Member completing this form: _____

Today's Date: _____

Applied Lessons

Name and number of Applied Course(s) (ie:140 - 540D) _____

How many hours of Applied Teaching per week _____

Weekly Studio Class Hours _____

Classes (Non-Applied Lessons)

Course #1 Title: _____

Course number: MUS _____

Credit hours of course: _____

Number of hours the class meets per week: _____

Course #2 Title: _____

Course number: MUS _____

Credit hours of course: _____

Number of hours the class meets per week: _____