



To: _____
Street Address: _____
City/State/Zip: _____

Deadline: _____
Home Phone: _____

Course # _____
Program Title: _____
Dates: _____
of Sessions: _____ Min _____ Max _____
Days Meeting: _____
Meeting Time: _____
Location: _____
Pay Rate: _____

INSTRUCTIONS: *Please review the terms of this agreement, sign both copies, and return one copy to:*

Niagara University
Dunleavy Hall
Room 103
Niagara University NY 14109

In return for the stated compensation the Instructor, _____ agrees to provide instructional services and course evaluations for the course listed. Compensation will be paid after all sessions are completed.
Please edit the course description below as needed:

I have read and agree to the terms and conditions outlined above. Terms of this agreement may only be amended in writing.

Instructor

Date

Thank you for your cooperation. I look forward to working with you this semester, and if you have any questions, please contact my office at (716) 286-8181.

Jay Stockslader, Director