



Summer Session Assignment Form

Faculty Member Name _____

College _____

Department _____

Summer Session _____

Course _____

Credit Hours _____

FTE (.0833 per credit hour) _____

Summer Salary _____

Appointment ~~Da~~ _____

The salary stated above is the total salary that will be paid for this summer session course (i.e., summer session or alternative schedule courses). By accepting this assignment you agree that there is no entitlement to overlap compensation from any other source based on this summer assignment. The assignment is accepted with the sufficient enrollments are needed to support the course. If it is determined that projected enrollments cannot support it may be cancelled. Any such notice of cancellation shall be made in writing or by email, and made as soon as possible. To the extent this summer assignment overlaps with another University of South Florida contract, compensation for the overlap will be determined independently of and without regard for this summer session assignment.

Faculty Member's Signature _____ Date _____