

ADJUNCT APPOINTMENT FORM & CONTRACT AGREEMENT

Name: Schultz, Kimberly

Please complete the following:

MSU Email: schultzk@montclair.edu

Home Address:

City:

State:

Zip:

7 Garnick Sq.

West Deptford

NJ

08051

Phone: 8569129342

Personal Email Address: kschultz2920@gmail.com

By signing this appointment letter:

- ☐ I understand I am required to verify enrollment of students (reminders sent from Provost's Office).
- ☐ I understand that all university-related communication (including those with students) must occur through my Montclair State University email account, Canvas, or phone (i.e. communication via personal email accounts not permitted).
- ☐ I understand that this appointment is contingent upon student enrollment and other scheduling needs that may arise.
- ☐ I agree not to teach more than 12 credit hours within the academic year (Fall and Spring semesters) at Montclair State University.
- ☐ I will post Canvas courses two weeks in advance of the start date listed for the course.
- ☐ I will share course syllabi with department (via chssadmin@montclair.edu) two weeks in advance of start date listed for the course.
- ☐ I am responsible to submit final grades in accordance with university deadlines (reminders sent from Registrar's office).

Semester: SPRING 2024

Course #1	
Course	Legal Reasoning
CRN#	JURI 324 01 23550
Program	POLS
Part of Term	1
Delivery Mode	SON
Room	SON
Meeting Day	-T-----
Time	1730 2000
Credits	3

Note: to review your per credit amount, please view your activity pay in Workday after January 16, 2024

If you accept this offer of appointment, **please sign and date in the space provided below and return via email to chssadmin@montclair.edu**

Kimberly Schultz

/s Kimberly Schultz

12/22/2023

Print Name

Signature

Date

APPROVAL

Chairperson

Signature

Date

ADJUNCT APPOINTMENT FORM & CONTRACT AGREEMENT

Name: Schultz, Kimberly

Please complete the following:

MSU Email: schultzk@montclair.edu

Home Address:

City:

State:

Zip:

7 Garrick Sq

West Deptford

NJ

08057

Phone: 856 912-9342

Personal Email Address: kschultz2920@gmail.com

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Semester: SPRING 2024

Course #1	
Course	Legal Information Mgmt
CRN#	LAWS 572 01 24400
Program	POLS
Part of Term	1
Delivery Mode	AON
Room	AON
Meeting Day	-----
Time	
Credits	3

Note: to review your per credit amount, please view your activity pay in Workday after January 16, 2024

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Kimberly Schultz

/s Kimberly Schultz

12/22/2023

Print Name

Signature

Date

APPROVAL

Chairperson

Signature

Date