

CONTRACT

TO: _____, Superintendent
Supt's address

FROM: Kenneth D. Kitts, Associate Provost
Francis Marion University
Florence, SC 29501

SUBJECT: Course # and Title

Francis Marion University and _____ (name of district) will cooperate to deliver the following course:

Course Number: _____ Term: _____
Course Title: _____
Meeting Dates: _____
Day(s): _____ Time(s): _____
Instructor: _____ Minimum Enrollment: _____
Location of Course: _____

Contract Amount: \$525.00 per student
PLUS \$25.00 per student for each out-of-state student

Francis Marion University agrees to:

1. Arrange to award ___ of hours of academic credit for the course.
2. Invoice the agency for the contracted amount following the third class meeting.
3. Invoice the agency separately \$25.00 per student for each out-of-state student enrolled once in-state or out-of-state residency has been determined by FMU.
4. Post grades to student transcripts at the conclusion of the regular academic term.

(name of district) School District agrees to:

1. Provide to FMU by _____ all changes to this contract mutually agreed upon by both parties.
2. On the day following the third class period, develop a list of students who have paid for the course. This list will comprise the **official class roll** (*Note: only those students listed on the official class roll will receive credit for the course*). FAX the **signed** official class roll to FMU Graduate office at Francis Marion University at 843-661-4688.
3. Pay contracted amount upon receipt of FMU invoice.
4. Pay out-of-state student fees as applicable upon receipt of FMU invoice.
5. Inform students enrolling in the course that:
 - a. students in courses meeting on the Francis Marion University campus must pay a \$15.00 parking fee to park on campus;
 - b. students desiring to use the Francis Marion University Library must obtain an FMU ID Card at the Library;
 - c. transcripts are available at a charge of \$5.00 through the Registrar's Office by completing a transcript request form.

For the Agency:

For the University:

Superintendent's name
Superintendent

Dr. Kenneth D. Kitts
Associate Provost

Distribution:

White Copy - Francis Marion University
Green Copy - Contracting Agency

Return White Copy to:

Graduate Programs
Francis Marion University
P.O. Box 100547
Florence, SC 29501-0547

Francis Marion University
Graduate Programs

Course Form

Course Numbers: _____ Semester: _____

Course Title: _____

Course Description: _____

Start Date: _____ End Date: _____

Day(s): _____ Time: _____

Location: _____ CHE Site #: _____

Instructor: _____ Phone: _____

Social Security Number: on file in HR office

_____ Full Time FMU _____ FMU Adjunct _____ Other

Contact Hours: _____
Minimum Enrollment: _____
Maximum Enrollment: _____

Credit: _____ Non-Credit: _____
Contract: _____ Non-Contract: _____

Agency/Company: _____

Contact Person: _____ Phone: _____, Ext. _____

Budget Information

Expenses

Instruction: \$ _____

Benefits: (20.3%) \$ _____

Travel (rate \$0.405): \$ _____

Total Direct Exp.: _____

Revenues

Contract Amount: \$525.00 per student

Minimum: \$ _____

Maximum: \$ _____

School of Education

Date: _____

Provost Office

Date: _____

Business Affairs

Date: _____