

Mutual Agreement—Team Teaching



Faculty Members Names:	Faculty Signatures and Date
1) _____	_____
2) _____	_____
3) _____	_____

By signing above, the faculty members agree to team teach the following course/s under the conditions listed below for _____ (Semester & Year)
 (Contract Reference: Article 11, Section 1, Subd. 4 Team Teaching)

Course Number	Course Name	Section/s	Course Dates

Workload Calculation Section: This section must be completed prior to obtaining signatures.

Faculty Name	Responsibilities, Dates and Times of Contact	*Total Credit assignment	*Total Contact Hr/week

** Include total credit load & contact hours/week per faculty member*

By signing below, the administration of Northland Community and Technical College agrees to this assignment.

Academic Administrator/ Dean

Date