



**HILLSBOROUGH COMMUNITY COLLEGE  
 ADJUNCT FACULTY END OF TERM VERIFICATION**

Name: \_\_\_\_\_ Discipline/Area: \_\_\_\_\_

Location: \_\_\_\_\_ Academic Dean: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. I certify that I have met all my scheduled classes for the required contract period except on approved leave.	___	___	___
2. I certify that I have met my office hours except on approved leave.	___	___	___
3. I certify that I have provided my students with a course outline which includes a tentative lecture schedule, grading policy, and attendance policy.	___	___	___
4. If applicable, I certify that my students have complied with the Gordon Rule and CLAST policies.	___	___	___
5. I certify that I have provided my students with an exam schedule.	___	___	___
6. I have read the HCC catalog regarding student rights.	___	___	___
7. I am in compliance with policies regarding guest speakers and field trips.	___	___	___
8. I am in compliance with copyright laws.	___	___	___
9. I am in compliance with policies regarding class rolls.	___	___	___
10. I am in compliance with policies regarding textbooks.	___	___	___
11. I am in compliance with policies regarding student evaluation of instruction.	___	___	___

My signature verifies that I have met the terms and conditions of my contract as outlined above.

Adjunct Faculty Member \_\_\_\_\_ Date \_\_\_\_\_