SCHOOL LETTERHEAD

DATE

Dear Professor NAME,

I am pleased to invite you to join NAME OF SCHOOL, DEPARTMENT during ACADEMIC YEAR. Professor NAME (EMAIL) will serve as your faculty contact during your stay with us.

[FOR COURSES THAT SPAN THE WHOLE TERM] Our expectation is that you will teach NAME OF COURSE in SEMESTER of YEAR.

[FOR SHORT OR INTENSIVE COURSES] Our expectation is that you will teach NAME OF COURSE from START DATE to END DATE. The course will meet NUMBER times, over NUMBER weeks. Each course meeting will be for NUMBER hours, for a total of CONTACT HOURS.

The course will be for credit, offered at the undergraduate level, and taught in person on the main campus.

We will seek to cross-list your courses with NAME OF DEPARTMENT. Additionally, your course will count toward our NAME major AND/OR will satisfy a general education requirement. We will work with staff and faculty across campus to promote the course, for which we expect robust enrollments.

Please let me know if you have any questions or have any other needs with which we can help in advance of your residency.

Sincerely,

NAME OF AUTHORIZED SIGNATORY
TITLE OF AUTHORIZED SIGNATORY
EMAIL OF AUTHORIZED SIGNATORY