

# THE CONNECTICUT STATE UNIVERSITY

P.O. Box 2008 • New Britain, Connecticut 06050 • (203) 827-7700

RESOLUTION

concerning

A FACULTY EXCHANGE at EASTERN CONNECTICUT STATE UNIVERSITY

July 20, 1984

WHEREAS, An exchange of faculty with other institutions provides enrichment of educational programs, be it

RESOLVED, That under the authority granted by Section 10-27, 10a-89 and 10a-20 of the General Statutes and under the auspices of the National Faculty Exchange, the Board of Trustees for The Connecticut State University authorizes an exchange of professors involving Dr. Paul Benedict of Eastern Connecticut State University and Dr. Barbara Meldrum of the University of Idaho, the said exchange to be subject to the following conditions:

- A. Dr. Paul Benedict will teach in the Education Department at Southern Oregon State College, Ashland, Oregon. His salary and fringe benefits will be paid by Eastern Connecticut State University.
- B. Dr. Barbara Meldrum will teach in the English Department of Eastern Connecticut State University. Her salary and fringe benefits will be paid by the University of Idaho.
- C. Transportation, lodging, and other personal expenses incurred in the exchange will be fully assumed by the individuals involved.
- D. This exchange shall be for the 1984-1985 year.

A Certified True Copy:

James A. Frost

President

#### NATIONAL FACULTY EXCHANGE

# HOST MEMORANDUM OF AGREEMENT

## SOUTHERN OREGON STATE COLLEGE

|    | MEMORANDUM OF AGREEMENT BETWEEN Southern Oregon State College (host institution  |  |  |  |  |
|----|--|--|--|--|--|
|    | and Paul L. Benedict (exchange participant)  |  |  |  |  |
|    | at Eastern Connecticut State Univ. (home institution)  |  |  |  |  |
| 1. | APPOINTMENT  |  |  |  |  |
|    | Department Education Title Visiting Professor  |  |  |  |  |
|    | Period of Appointment: BEGINS September 17, 1984 ENDS June 14, 1985  |  |  |  |  |
| 2. | <u>COMPENSATION</u>  |  |  |  |  |
|    | The exchange participant shall continue to receive usual compensation, insurance, and other fringe benefits from the home institution. |  |  |  |  |
| 3. | ARRIVAL ON CAMPUS  |  |  |  |  |
|    | The exchange participant is expected to report to Dr. Paul Willes  |  |  |  |  |
|    | name   |  |  |  |  |
|    | Chair, Education Department , Education-Psychology, Room 140   |  |  |  |  |
|    | title address  |  |  |  |  |
|    | (503) 482-6286 by September 16, 1984   |  |  |  |  |
|    | phone date   |  |  |  |  |
| 4. | TRANSPORTATION   |  |  |  |  |

Transportation to and from the host institution shall be the responsibility of the exchange participant

# 5. PROFESSIONAL TRAVEL

Travel to attend professional meetings shall normally be the responsibility of the exchange participant. However, the participant may request travel assistance from the host department as funds are available.

# 6. EXPECTATIONS/PROTECTIONS

The exchange participant shall be subject to the same professional expectations and protections as other faculty and administrators at the host institution.

# 7. EXCHANGE ASSIGNMENT

Listed below is the assignment for the period of exchange.

| Term   | Course    | <u>Class</u>               | Hrs. |
|--------|-----------|----------------------------|------|
| Fal1   | ED 412    | Issues, St. Teaching Sec.  | 2    |
|        | ED 415    | Super, LA/SS Block         | 3    |
|        | ED 415-17 | Supervision St. Teachers   | 4    |
| Winter | ED 439    | Social Foundations of Ed.  | 3    |
|        | ED 415    | Supervise LA/SS Block      | 3    |
|        | ED 415-17 | Supervise Student Teachers | 3    |
| Spring | ED 439    | Social Foundations of Ed.  | 3    |
|        | ED 415    | Supervise LA/SS Block      | 3    |
|        | ED 415-17 | Supervise Student Teachers | 3    |

This assignment may be changed as conditions require, with the mutual consent of the exchange participant and the host institution.

### 8. CAMPUS SERVICES

The host institution will provide office space, telephone, secretarial assistance, and similar amenities on a level commensurate with those provided its own faculty and staff.

### 9. LIVING EXPENSES

The exchange participant is responsible for housing, meals, and other personal expenses. Assistance in finding and/or securing housing for the period of exchange may be requested.

### 10. OTHER TERMS AND CONDITIONS

For the Host Institution

Other terms and conditions not previously covered in this memorandum are stated below:

SIGNATURES: This Memorandum of Agreement will be effective upon signature of the parties listed below and shall continue in force as stated unless either party formally requests, in writing, its modification or termination.

Exchange Participant John & Development date

title \_\_\_\_ Dean of Academic Affairs

TO THE EXCHANGE PARTICIPANT: Sign all four copies and return them to the host institution coordinator within two weeks of receipt. The host coordinator will obtain the appropriate campus signature and return a signed copy to you.

ORIGINAL - Host Institution Coordinator

COPIES TO - Home Institution Coordinator

NFE Central Office

Exchange Participant