



INDEPENDENT STUDY

Employee's Name *(please print)* _____ Employee # _____

Semester _____ Cost Center _____

Course	Number of Students

By signing this form, I certify that the information provided in this form is accurate and true.

Signature of Program Director

To be completed by Human Resources

0-10 Students	\$400
11-20 Students	\$500
21-30 Students	\$600
Total Payment	

 Approval

 Date