



INDEPENDENT STUDY

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

Semester _____ Cost Center _____

| Course Name & Number | Number of Credit Hours | Number of Students |
|----------------------|------------------------|--------------------|
| | | |
| | | |

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

Signature of Program Director

Signature of Dean

To be completed by Human Resources
Rate of Pay = \$100/student/credit hour
(e.g. 5 students in a 3 credit course = \$100x5x3=\$1500)

| | |
|----------------------|--|
| Payment per Course | |
| | |
| Total Payment | |

 Approval

 Date