



**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*

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**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   |  |
|                      |  |
| <b>Total Payment</b> |  |

Approval \_\_\_\_\_

Date \_\_\_\_\_