



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