

PAYMENT FOR SUPERVISING INDEPENDENT STUDY 2010

Instructions:

1. Complete form, listing **only** those students who have **registered** and **paid** for Independent Study. **No** payment can be made for others.
2. Read carefully the statement regarding eligibility before signing form.
3. Submit completed form to department chair.
4. Have chair send completed form with his or her signature to the Summer Session Office, PO Box 400161, no later than **August 13**.

Full Name of Student (Last, First, Middle)	Student ID Number	Registered for (Course, Section)	Credit Hours	Amount Claimed (\$25 per credit hour)

I certify that I am not on a twelve-month appointment or being paid for three months by a grant and that, with payment of this claim at the established rate of \$25 per semester hour, my remuneration for the **nine-week period beginning June 14** will not exceed one third of my salary for the academic session of 2009-2010.

Signature: _____

Approved: _____

Print Name: _____

Chair, Dept. of: _____

Rank: _____

Date _____

Employee ID # _____

Dept. Phone # _____