

INDEPENDENT STUDY CERTIFICATION AND CALCULATION SHEET

Last Name Initials

Personnel ID Number

Semester (Circle One)	Year (Fill In)
Fall	
Spring	
Summer	

INDEPENDENT STUDY CERTIFICATION AND CALCULATION SHEET

Course Number	Number of Section	Course Title	Credit Hours	Equated Workload Hours	Number of Student Teachers @ .600000	Number of Student Teachers @ .333333
Fall Semester Workload						

Course Number	Number of Section	Course Title	Credit Hours	Equated Workload Hours	Number of Student Teachers @ .600000	Number of Student Teachers @ .333333
Spring Semester Workload Actual Workload for Academic Year						

Independent Study Compensation:

Student's Name

Course Number

Independent Study Hours to be Paid

$$\begin{array}{r}
 \$158.62 \\
 \text{Rate per Credit Hour}
 \end{array}
 \times
 \frac{\text{Total Number of Independent Study Hours to be Paid}}{\text{Total Number of Independent Study Hours to be Paid}}
 =
 \frac{\text{Total Independent Study Hours to be Paid}}{\text{Total Independent Study Hours to be Paid}}
 = \$
 \frac{\text{Rounded to Highest Hours}}{\text{Rounded to Highest Hours}}$$

I certify that above named faculty member has met the minimum workload hours required of eleven (11) workload hours for a semester or twenty-two (22) workload hours for the academic year and has satisfied the other requirements to be compensated for independent study as stated in Article 26 of the STATE SYSTEM OF HIGHER EDUCATION Agreement.

Faculty Member's Signature

Chairperson's Signature

Dean's Signature

Vice President's Signature