INDEPENDENT STUDY CERTIFICATION AND CALCULATION SHEET

East Stroudsburg   **4101-090**

University Name   Campus Code

Fall - _____

Last Name   Initials   Spring - _____

                                               <u>Summer</u> - _____

Personnel Number   Semester Year

                                                 (Circle one)   (fill in)

SUMMARY OF FACULTY WORKLOAD

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

Course Number	Number of Sections	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(s)   Course Number   Independent Study Hours To Be Paid

_____   _____   _____

Student's Name(s)   Course Number   Independent Study Hours To Be Paid

_____   _____   _____

Student's Name(s)   Course Number   Independent Study Hours To Be Paid

$200.00   X _____   = $ _____   = $ _____

Rate per   Total Number of   Total Independent   Rounded to

Credit Hour   Independent Study   Study   Highest Dollar

                   Hours to be Paid

I certify that the above named faculty member has met the minimum workload 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/APSCUF Agreement.

_____   _____

Authorized University Signature   Date