

INDEPENDENT STUDY CERTIFICATION AND CALCULATION SHEET

East Stroudsburg

4101-090

University Name

Campus Code

Last Name

Initials

Fall - _____

Spring - _____

Summer - _____

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
Credit Hour

Total Number of
Independent Study
Hours to be Paid

Total Independent
Study

Rounded to
Highest Dollar

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