

INDEPENDENT STUDY CERTIFICATION AND CALCULATION SHEET

East Stroudsburg

University Name

4101-090

Campus Code

Last Name

Initials

Personnel Number

Fall -

Spring -

Summer -

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
<u>\$200.00</u>	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