Independent Study Compensation List

Term:

☐ Presession
☐ Summer I
☐ Summer II
☐ Winter

Date:_____ **Preparer:**_____ **Ph:**_____

Dept Name:_____ **Dept #**_____ **Acct#**_____ **Pay Instructors?** ☐ **Yes** ☐ **No**

Faculty Name Last, First	Employee ID Number	Rank	Position Control #	Total Instr Comp	Amt per student	System Rate	Student Name Last, First	Student ID Number	Course Number	Units	Masters/ Ph.D.
		Adjunct									
		Adjunct									
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		Adjunct									
		Adjunct									

_____ _____ _____

Department Head **Date** **Summer Session** **Date** **Systems Control** **Date**

_____

Dean/Director **Date**