

MINERAL AREA COLLEGE COMPENSATION FORM

JICS #:	Name:
Semester & Year:	Dept/Program:

Crs/Sec #	Course Title	# Cr Hrs	x	# Students	x	\$50.00	= Total
			x		x	\$50.00	
			x		x	\$50.00	
			x		x	\$50.00	
			x		x	\$50.00	
TOTAL							

****Please mark either Independent Study or Honors (do NOT combine) and attach a copy of your class roster for each class.**

I verify that all students have completed at least ¾ of the required coursework.

_____ (Instructor Signature)
_____ (Date)

Salary:
Effective Date:
Number of Payments:
Account #:

- HONORS**
 INDEPENDENT STUDIES

SIGNATURES

_____ (Dean)
_____ (Date)

_____ (President)
_____ (Date)