

University of Saint Francis
Request for Payment for Independent Studies

Faculty Member _____ ID# _____

Students

Student #1

Name _____ ID# _____

Course Name & No. _____

Credit Hours _____

Student #2

Name _____ ID# _____

Course Name & No. _____

Credit Hours _____

Student #3

Name _____ ID# _____

Course Name & No. _____

Credit Hours _____

Faculty Signature _____ Date _____

Approval:

Final Grade Submitted _____

Registrar _____ Date _____