

FACULTY REQUEST FOR STIPEND

NAME: _____
COURSE (S): _____
SEMESTER: _____
SOCIAL SECURITY or W #: _____

Faculty participation for EACH semester:

- \$125 stipend per completed contract

(All completed forms must be submitted before payment can be issued. This would include: Contract Completion form with one-page summary, instructor/student evaluation forms, and Request For Stipend.)

If you chose to decline the stipend, please check the box.

Name of student(s) completing honors contracts and title of contract work:

SIGNATURE: _____ DATE: _____

Submit this completed form and the Instructor's Evaluation form by May 15, 2008 to Dr. Candace Klaschus, Bldg. 2400, Rm. 2411T.

Verified: _____ Date: _____

Director: _____ Date: _____