Directed Independent Studies



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This form is to completed to process Directed Independent Studies payments through UFV Payroll. Please senel to mpleted form to payroll@ufv.ca.

Requestor Informa	ation			
Date:				
Requestor Name:				
Faculty/Dept.:	Local:			
Semester:				
Course 9 Instructor Information				

Course & Instructor Information

Payments will be processed through Rally for the below listed instructor class and student details attached). For the current Tuition/Credit rate, visit http://www.ufv.ca/admissions/feeandpay/feespercredit/

†^š'™ž à Position	š ' ‡ Š —:		Budget Code	
Course/CRN	Credits	# of Students	Instructor	Total Payment for Course

	TOTAL				
Authorization					
Spending Authority Name:	(Dean•s Of"ce)				
Signature:	Date:				
Send the completed form to: Ž " † " ^ Ž † ' pšyrellv@žuftšca					
For questions regarding how to complete this fo rdease contact your Financial Analyst & Liaison					