



FACULTY REQUEST FOR STIPEND

Name: _____ W#: _____

Course title: _____ CRN #: _____

Semester: _____

A faculty member receives a stipend for a completed contract. The amount varies depending upon the Honor Program's (HP) budget for that year.

In order to receive the stipend, please be sure all forms for each student contract have been submitted, either by you or the student. Deadline dates are on the website: www.laspositacollege.edu/honors.

FORMS:

- _____ Student contract Completion Form with One-Page Summary
- _____ Student Evaluation Form
- _____ Instructor Evaluation Form
- _____ This Request for Stipend

If you choose to decline the stipend, please check here: _____

Name of Student: _____

Title of the Project: _____

Instructor's Signature: _____ Date: _____