



## **Directed Study Instructor's Agreement Office of the Registrar**

Name of Directed Study Instructor: \_\_\_\_\_

Title of Directed Study: \_\_\_\_\_

Independent Study      (1 student)

Tutorial      (2 -5 Students)

Semester & Year: \_\_\_\_\_

Name(s) of Student(s) (If Tutorial, list all student(s): \_\_\_\_\_

I have read the enclosed standards and expectations for Directed Studies and I agree to abide by the following:

1. I agree to meet with the student(s) named above the required number of contact hours for this Directed Study.
2. I agree to a payment schedule set by WJC of \$400 per credit per student. This will be paid to me upon receipt of my written evaluation of the student which will be submitted in a timely manner at the conclusion of the Directed Study to the Registrar's Office, Attn: Sonji Paige, One Well Avenue, Newton, MA 02459 or by fax: 617-477-2030
3. I agree not to charge the student any additional monies in excess of the above mentioned honorarium. I also agree that I will not be paid by WJC in advance, before WJC has received my completed evaluation.

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Social Security Number: \_\_\_\_\_ \*Required for Payment

**Please return this form to the student with your CV attached.  
The student must enclose this form and CV with her/his Directed Study request form.**