NORTHERN MICHIGAN UNIVERSITY
RESEARCH/PRACTICUM COMPENSATION APPLICATION FORM
DEPARTMENT OF _____

DATE_____

NAME_____
(Last) (First) (MI)

ADDRESS_____
(Street) (City) (State) (Zip Code)

TELEPHONE_____ NMU IN #_____

E-MAIL_____ ADDRESS_____

Research/Practicum Title: _____

Semester Credits (Current Semester Only): _____

Total Credits (Project to date): _____

Date Received: _____ Date Approved by Department: _____

Date Approved by Graduate Studies Office: _____

[ ] for pay [ ] banked [ ] on load

Research Director/
Practicum Supervisor: _____
(Name)
_____
(Signature)

Department Head: _____
(Name)
_____
(Signature)

Graduate Dean: _____
(Name)
_____
(Signature)

Upon completion, submit to the Department Office. Once the Department Office receives the original form, complete the EPS paperwork and then send the form and the EPS paperwork to the Office of Academic Affairs.

NOTE: If faculty member chooses to bank the credit, the "Designation of AAUP Released-Time Credit Form" must be attached.

●Department office will distribute copies as follows: Student, Thesis Chair, Reader(s), Thesis Application Committee Chair

Revised by Graduate Studies 7/2007