



Credit-Free Instructor Payment Request

To be completed by Continuing Education Credit-Free Instructors. One form per course. You must complete and return **both a Credit-Free Course Grade Roster and this Credit-Free Instructor Payment Request form** before payment can be processed.

Mail both forms to Manchester Community College Registrar's Office, MS #13, P.O. Box 1046, Manchester, CT 06045-1046 or email both forms to CEinfo@manchestercc.edu.

REQUIRED

I hereby certify that I have completed instructing:

Course CRN Number

Course Title

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Start Date

End Date

Total Hours Taught

I have completed and enclosed the grade roster for this class and request that the payment process be initiated.

Credit-Free Instructor Name

MI

Last Name

Credit-Free Instructor Signature

Date
