Honorarium/Tuition Waiver Request Form

Name: _____

Position:

☐ **Administrator** ☐ **Cooperating/Mentor Teacher**

Home Address (where check will be mailed):

_____

_____

_____

Name(s) of Teacher Candidate(s)/Intern(s):

_____

_____

Requested Compensation:

☐ **Honorarium** ☐ **Tuition Waiver**

Semester:

☐ **Fall** ☐ **Spring**

Year:

☐ **2025** ☐ **2026** ☐ **2027** ☐ **2028**

Number of Weeks of Supervision:

☐ **8-weeks** ☐ **16-weeks**

Did more than one cooperating teacher work with this student? If so, please list his/her name and the percentage of total contact hours per day ***each of you*** worked with this student, i.e. 50%, 25%.

_____

_____

A W-9 **must** accompany this document if you are applying for the honorarium to be processed.