COOPERATING TEACHER TUITION REMISSION FORM

Name: ________________________________  Bronc ID #: ________________________________

Term of Enrollment (Select One)

Fall ______  Spring ______  Summer ______  20_______

Name of Rider student teacher: _________________________________________________________

Semester in which student was supervised: ________________________________________________

COURSE(S):

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Credits</th>
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Student’s Signature: ________________________________  Date: ____________________________

******************************************Office Use Only******************************************

I certify that the student is approved for a Cooperating Teacher’s Scholarship, to cover tuition in the term indicated, for either _____________ semester hours or $_____________ for cooperating teachers supervising student teachers. If the student takes less than the approved number of credits, the Scholarship will be reduced to cover actual tuition charges only.

________________________________________  __________________________  _____________
Director of Field Placement  Telephone  Date

$ ______________  Date ___________  Processed by ___________________

Revised:  To ______________  Date ___________  By ______________

BU ______  TU ______  SU ______  PU ______  PU2 ______