

COOPERATING TEACHER TUITION REMISSION FORM

Name:				Bronc ID #:		
Term of Enro	ollment (Selec	: One)				
Fall		Spring		Summer	20	
Name of Rid	ler student tea	cher:				
Semester in	which student	was supervised: _				
COURSE(S):						
Course Name				Course Number		Credits
					·	
Student's Signature:			Date:			
	****	******	Office Use C)nly***********	*****	
I certify that	the student is	approved for a Co	operating T	eacher's Scholarship	, to cover t	uition in the
term indicated, for either			_ semester hours or \$ for coope			perating
teachers sup	pervising stude	nt teachers. If the	student tak	es less than the appi	roved numl	per of credits,
the Scholars	hip will be red	uced to cover actu	ual tuition ch	arges only.		
Director of Field Placement			Telephone			Date
\$	Date			Processed by		
Revised:	To		Date		Ву	
RH	TII	CII	DII	DIIO		