

COOPERATING TEACHER TUITION WAIVER APPLICATION**Cooperating Teacher Information**

(Please print information in the space provided.)

Cooperating Teacher _____
Last Name First Name

Home Address _____

Email Address _____ Home Telephone _____

Social Security # _____ School Telephone _____

School Name and ID Number _____

School Address _____

Name of Principal _____ Grade/ Subject _____

Student Teacher Information

Student Teacher 1 _____
Last Name First Name

Student Teacher 2 _____
Last Name First Name

Semester _____ Year _____ Check One: Early Childhood _____ Elementary _____
Middle School _____ High School _____

Number of Weeks of Supervision _____ Dates of Supervision _____

Turned in: Resume _____ Midterm Evaluation _____ Final Evaluation _____

Will your waiver be used for a summer course? (Please circle one.) YES NO

How do you prefer to receive your waiver? (Please circle one.) Please mail it to me. I will pick it up.

Once you have completed the semester and submitted evaluation forms and a copy of your resume, you will be eligible for the tuition waiver. Unless you specify that you would like to take a summer course, your waiver will be valid in fall and spring only.

Approved by: _____
Director, Clinical Practice & Partnerships

Send this form to:
Leslie Lieman
Lehman College, CUNY
School of Education
250 Bedford Park Boulevard West
Carman Hall, Room B33
Bronx, NY 10468-1589

Other Contact Information:
E-mail: leslie.lieman@lehman.cuny.edu
Tel.: (718) 960-8699
Fax: (718) 960-7855