



TUITION WAIVER CERTIFICATE FOR COOPERATING TEACHERS

Date issued: _____

Cooperating Teacher:	
Name: _____	School/Site: _____
Address: _____	Student Teacher's Name (one name per waiver): _____
City, State ZIP: _____	

In consideration of service as a cooperating teacher with major responsibility for supervision of a student teacher or teachers in the Teacher Education Program of The City University of New York, I hereby certify that the person named above is entitled to a ***waiver of tuition for one undergraduate or graduate course not exceeding three credits*** at any college of the University, in accordance with the usual college requirements of admission to degrees, programs or courses. It is understood that certificate holder is ***exempt from payment of Student Activity Fees***; however, the holder is responsible for the Application Fee, Cooperating Teacher Fee, Consolidated Services Fee, Technology Fee, and any other-than-tuition charges.

This certificate is ***not transferable***, and is only for enrollment within one year from date of issue. This certificate is valid for: _____

PLEASE KEEP THIS CERTIFICATE IN A SAFE PLACE AS A DUPLICATE WILL NOT BE ISSUED.

Signature of cooperating teacher

Signature of Authorizing Officer

(To be signed by recipient when certificate is presented at time of registration.)

Director, Clinical Practice & Partnerships
(To be signed when certificate issued)

Electronic versions of this waiver (eg: PDF, cell phone picture) are acceptable and should be submitted to Enrollment Bursar at time of registration.

FOR BURSAR OFFICE USE ONLY	
Date Posted: _____	College: _____
Course # / Credits: _____	TUT Amount Waived: _____
Print Name: _____	Signature: _____

Effective June 11, 2020