

Certificate of Participation (Tuition Waiver) Request

Mentor and Cooperating Teachers who hosted an FIU Student Teaching or Teaching Residency intern for one entire semester may use this form to request a tuition waiver.

Completed forms should be submitted to the Office of Clinical Experiences at clinicalexperiences@fiu.edu. Once approved, a Certificate of Participation will be issued within approximately 6–8 weeks and either emailed to the teacher or mailed to the school address.

Please note: **Replacement certificates cannot be issued if the original is lost, damaged, or unused during the validity period. Certificates are non-transferable, may not be duplicated, and cannot be extended or reissued under any circumstances.**

Section A: To be completed by the Mentor or Cooperating Teacher

Teacher First and Last Name: _____

Email: _____ Phone #: _____

School Name: _____

School Address: _____
Street
City
Zip

Please complete all fields below for the intern you supervised.

Intern Name	Intern Major	School of Supervision	Dates of Supervision (mm/dd/yy – mm/dd/yy)

Mentor/Cooperating Teacher Signature: _____ Date: _____

Section B: To be completed by the Office of Clinical Experiences

Placement Verified: YES NO Tuition Waiver Certificate Issued: _____
Date

Processed by: _____ PID: _____