## Application for Tuition Waiver or Stipend

School Building:			School District:				
Cooperating Teac	her Name:						
Home Address:					City:		
State:	Zip:	Email Address:				Phone Number:	
Placement Semes	ter (Select only	one):       Fall I	□ Fall II	<ul><li>Spring I</li></ul>	<ul><li>Spring II</li></ul>	Year:	
Student Teacher:			Student Teacher SBID:				
For Administrativ	e Use Only						
Enrollment verifie	ed by (signature	):			Date:		
Tuition Waiver Cer	rtificate or Stiper	nd may be used by a	any authorized	l holder in accor	dance with th	e items listed below:	

- 1. An authorized holder is a supervising/critic teacher or any professional staff employee in the school system in which service as a supervising/critic teacher was rendered provided that all transfer provisions on the certificate are completely filled in and signed by the supervising/critic teacher and by the chief administrative officer of the school system.
- 2. The authorized holder must meet all requirements for admission to the course or program in which enrollment is sought.
- 3. A combination of certificates may be applied to a combination of courses.
- 4. If a certificate(s) is applied to a course(s) of less than the dollar amount of the certificate, (i.e. \$250), the remaining balance of the certificate(s) is canceled. A refund for the difference will not be given, as the certificate has no cash value.
- 5. Tuition will be charged for costs in excess of the dollar value of the certificate(s) presented at registration.
- 6. Tuition may be waived up to a maximum of \$250 for each certificate.
- 7. A tuition waiver certificate, which has been submitted as payment for a course, will be returned to the student ONLY if there is withdrawal from the course at the time when there is no tuition liability.
- 8. The effective date of the certificate is the beginning of the next academic period immediately following the academic period at which the service was rendered.
- 9. A critic teacher stipend is considered taxable income by federal/ state and is treated as 1099 eligible. When total 1099 eligible income reaches \$600 from the same employer, (i.e. NYS), in a calendar year, a 1099 is automatically generated.
- 10. The course to which this tuition waiver certificate is being applied must commence prior to the designated certificate expiration date.

This election allows the supervising teacher to choose a stipend or a waiver of tuition as specified below. The waiver of tuition is valid at any state-operated unit of the University. In the event the named teacher elects not to use the certificate, the waiver of tuition portion may be transferred to the school system in which service as a supervising teacher was rendered for use by other professional staff members of that school system. Selection of the alternative employees shall be made by the chief administrative officer of the school system in accordance with such procedures that the school system may establish. In order to transfer a certificate, complete item #11 on the actual certificate. A certificate may not be transferred directly to other employees, nor may the stipend alternative be used by anyone except the originally named recipient. The waiver of tuition certificate does not exempt the holder from fees and/or charges other than the amount of tuition specified.

## I affirm the following statements:

- I have read the above and understand my decision is irrevocable.
- Service as a supervising/critic teacher has been rendered for the semester named above.
- I understand this form will not be processed with missing information or signatures.
- The information provided on this form matches the information associated with my SSN.

The information provided on this form materies the information associated with my 8514.								
I choose (select one):	□ \$200 Stipend Check	<ul> <li>Tuition</li> </ul>	Waiver valued at \$250					
Cooperating Teacher Signature:		I	Date:	_				
Forms should be filled out electronical	ly and signed in ink. Electronic signature	s will not be accepte	ed.					
Please return the completed form to:	School of Professional Developmer Social and Behavioral Science Bldg Stony Brook, NY 11794-4310							
Tuition Waiver Approval: (Stipends are	approved electronically and do not require a signat	ture below.)						
Account Director Signature:	Da	nte:	Account:					