

Application for Tuition and Service Fee Waiver Request Form

This waiver request form is for Cooperating Teachers and Administrative Cooperating Personnel who worked with UIC teacher candidates. The tuition waiver only covers in-state tuition.

Please complete this request form and submit it to the CTE in advance of the semester it will be applied.

uition Waiver Applicant Informa	tion				
Select one:				Date	
☐ Cooperating Teacher	☐ Administrati	ve Cooperating P	ersonnel		
Name:				Optional: previous name(s)	
UIN OR last 4-digits of SS# + birth date Email				Phone	
Address	City	City		State	Zip
	•			•	•
ervice for Tuition Waiver					
The Tuition Waiver was earned: Select one & indicate year ☐ Fall ☐ Spring ☐ Summer Year: 20			Vaiver will b □ Spring	e applied: Select one & indicate year Summer Year: 20	
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School:					
Teacher Candidate N	Teacher Candidate UIN				
1.					
2.					
3.					
4.					
5.					
Type of Teacher Candidate experience: Se	lect one				
☐ Student Teaching:v	veeks (e.a. 14)				
☐ Field Experience: hours (e.g. 45) for UIC Course(s)					(e.g. ED 425)
	(e.g. 45) .e. e				(e.g. == 4=5/
OR CTE USE ONLY					
Semester selected for exemption and indicate year.			Location of Coursework:		
			□ UIC		□ UIS
UIC CTE Authorization:					
	·				

Email: uic_cte@uic.edu

Phone: (312) 355-0714

Fax: (312) 355-0720