

Nazareth College of Rochester
UNDERGRADUATE STUDENT TEACHING, GRADUATE STUDENT TEACHING AND GRADUATE PRACTICUM
REMUNERATION SELECTION FORM

To obtain your remuneration, please complete this form and your W-9 and mail via US Postal Service by the LAST day of the teacher candidate's placement to:
Nazareth College, Attn: Colleen Burrell, Office of Clinical Experiences and Partnerships, Golisano Academic Center, Room 277, 4245 East Avenue, Rochester, NY 14618

I. SCHOOL-BASED TEACHER EDUCATOR (SBTE) INFORMATION:

SBTE Name _____ Last 4 digits of Social Security # _____ (required)

Previous Name(s) _____ Preferred Email: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School District: _____ Name of School: _____

School Address: _____ City: _____ State: _____ Zip: _____

Are you or have you ever been a Nazareth College Employee? (Employee includes full-time and part-time staff, faculty and adjuncts)

No Yes If yes, please list the department _____

II. TEACHER CANDIDATE INFORMATION:

Name of Teacher Candidate (Student Teacher): _____

Placement: Start Date _____ End Date _____ Length: Half-Semester Full Semester

During the time the teacher candidate was in your room did you and another SBTE **equally share the supervision** of the teacher candidate?
(If yes, you will equally split your remuneration with the other SBTE. Please choose an option that states "with two SBTEs") No Yes

III. SELECT REMUNERATION OPTION:

Please select only ONE option based on your time with the teacher candidate and whether you supervised the teacher candidate by yourself, or with another SBTE.

Cash Waiver: \$100 (Half-Semester with two SBTEs)
\$200 (Half-Semester with one SBTE or Full Semester with two SBTEs)
\$400 (Full Semester with one SBTE)

Tuition Waiver 1.5 credits (Half-Semester with one SBTE or Full Semester with two SBTEs)
3 credits (Full Semester with one SBTE) (Note: option not available for half-semester with two SBTEs)

Arts Center Voucher \$100 (Half Semester with two SBTEs)
\$200 (Half-Semester with one SBTE or Full Semester with two SBTEs)
\$400 (Full Semester with one SBTE)

IV. TAX INFORMATION

I understand that according to current tax laws, there may be tax implications related to the tuition waivers I receive.

Signature _____

Date _____

FOR COLLEGE APPROVAL ONLY

ACCOUNT NUMBER: 11-0307011-53194

Dept. Head: _____

Controller: _____

Treasurer: _____

AP type: _____

Due Date _____

Vendor # _____

Voucher # _____

Check # _____

By _____