

The George Washington University  
Graduate School of Education & Human Development  
Office of Laboratory Experiences

**TUITION VOUCHER AWARD FORM**

**Cooperating Teacher Information**

Name (Ms./Mr.) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email Address \_\_\_\_\_  
School Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Intern \_\_\_\_\_ Grade Level \_\_\_\_\_  
Program \_\_\_\_\_ Content Area \_\_\_\_\_ Semester/Year \_\_\_\_\_  
Dates of Placement: From \_\_\_\_\_ to \_\_\_\_\_

ÿ Check here if the Tuition Voucher is to be shared with another Cooperating Teacher. Please fill out a separate form for the second Cooperating Teacher.  
Split: \$150.00 per 3 credit internship = \$75.00/\$75.00 each Cooperating Teacher  
\$300.00 per 6 credit internship = \$150.00/\$150.00 each Cooperating Teacher

Signature of Cooperating Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Please do not write in this box. For OLE use only.**

<p><b>Tuition Voucher amount to be awarded:</b>     \$ _____</p> <p><b>This Tuition Voucher is valid from _____ to _____ only for courses taken in The Graduate School of Education &amp; Human Development.</b></p> <p><b>Approved by:</b></p> <p>_____</p> <p>Associate Dean, GSEHD</p> <p>_____</p> <p>Director, OLE</p>
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Please return this voucher to **Dr. Patricia Tate at the Office of Laboratory Experiences, 2134 G Street, NW, Washington, DC 20052**, with a self addressed, stamped envelope. It will be validated and returned to you. Questions regarding this form may be directed to Dr. Tate at 202-994-1542.

**Note: This voucher cannot be processed without a social security number nor can it be redeemed for cash**