



Cooperating Teacher Tuition Credit & Transfer Information

An educator who serves as a cooperating teacher for a Southwestern Oklahoma State University teacher candidate (student teacher) will be entitled to a fifty percent (50%) reduction of general tuition for all courses and workshops at Southwestern Oklahoma State University up to six (6) credit hours (graduate or undergraduate) to be **used within one year of the date of issuance** by the Chair of the Education department. **It is the cooperating teacher's responsibility to submit this application to the Department of Education.**

If a cooperating teacher chooses not to use the tuition reduction, the cooperating teacher may make it available to other parties who have met the admission requirements of Southwestern Oklahoma State University including but not limited to family, former students, and colleagues. Tuition Reduction applications must be submitted **ten days prior to the beginning of classes in the earliest semester of the academic year in which the credit is used**. The academic year runs from Fall to Spring to Summer. **This application will only remain valid for one academic year.** Applicants not applying for the fall semester should submit their completed applications ten days prior to the beginning of the term during which the applicant plans to attend and use the credit.

Teacher Candidate (student teacher): _____

Semester/Year of Teacher Candidacy: _____

TO BE COMPLETED BY THE COOPERATING TEACHER

☐ I understand that as the cooperating teacher for the teacher candidate listed above, I am entitled to the tuition reduction and intend to enroll in SWOSU within the one-year time limit.

I plan to enroll at SWOSU: Year: _____ Semesters (check all that apply): ☐ Fall ☐ Spring ☐ Summer

SWOSU Student ID#: _____ Phone #: _____

☐ I understand that as the cooperating teacher for the teacher candidate listed above, I am entitled to the tuition reduction but do not intend to enroll at SWOSU within the next year. Therefore, I relinquish this tuition reduction for assignment to _____.

Cooperating Teacher Name: _____ Site: _____

Signature: _____ Date: _____

TO BE COMPLETED UPON TRANSFER OF THE TUITION REDUCTION

Name of person receiving transferred tuition credit: _____

I plan to enroll at SWOSU: Year: _____ Semesters (check all that apply): ☐ Fall ☐ Spring ☐ Summer

SWOSU Student ID#: _____ Phone #: _____

Signature: _____ Date: _____

Upon completion of the form to this point, please email to reggy.yount@swosu.edu.

SWOSU Office Use Only:

Coordinator of Field Experiences: _____ Date: _____

Dept. of Education Chair: _____ Date: _____