



**Kremen School of Education  
and Human Development**

**Cooperating Teacher Class Reimbursement  
Application Instructions and Checklist**

**INSTRUCTIONS**

- 1) Please be sure to fill out the Cooperating Teacher Reimbursement application, payee data record and invoice **COMPLETELY**,
- 2) Sign the invoice and complete the payee data record,
- 3) Return to the address provided along with your *original payment documentation* (receipt) **and** *proof of course completion* (unofficial transcript printout).

Applications are only being accepted for courses taken at Fresno State while serving as a Cooperating Teacher, or during the two-year period immediately thereafter. All class reimbursements are good for partial reimbursement towards **one 3-4 unit course per semester** (with a maximum value of \$450.00). Funds are awarded retroactively; the application **MUST** include the original proof of payment (receipt or cancelled check) in order to be processed.

Questions? Please contact Monica Quintero at (559) 278-0315 or [monicaq@csufresno.edu](mailto:monicaq@csufresno.edu)

**APPLICATION**      <http://fresnostate.edu/kremen/applications/forms.html>

**CHECKLIST**

	<b>Class Reimbursement Application Form</b> – completed in full
	<b>Invoice</b> – completed and signed
	<b>Payee Data Record</b> – completed (including full SS#) and signed
	<b>Original Receipt or Account Summary</b> – you can access your account summary printout from your My.FresnoState.edu webpage
	<b>Proof of Course Completion</b> – unofficial transcript printout from your My.FresnoState.edu webpage is valid

**MAIL COMPLETED APPLICATION TO:**

California State University, Fresno  
KSOEHD Office of Professional Field Experiences  
ATTENTION: Monica Quintero  
5005 N. Maple Ave. M/S ED2  
Fresno, CA 93740-8025



**Kremen School of Education  
and Human Development**

**Cooperating Teacher Class Reimbursement Program**

*Please print clearly*

**COOPERATING TEACHER INFORMATION**

Name of Cooperating Teacher: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Single Subject \_\_\_\_\_ Multiple Subject \_\_\_\_\_ Special Education \_\_\_\_\_

**SCHOOL INFORMATION**

Current School Site: \_\_\_\_\_

Address of Current School: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

**PROGRAM INFORMATION**

Please list the teacher candidate you supervised in your classroom.

Name of Teacher Candidate: \_\_\_\_\_

When did you have this student teacher in your classroom? Semester/Year \_\_\_\_\_

School Site/District: \_\_\_\_\_

Please check the course in which he/she was or is enrolled.

Phase I (EHD 174, 174ECE) \_\_\_\_\_ SPED M/M Initial 171 \_\_\_\_\_ SS EHD 155A Initial \_\_\_\_\_

Phase II (EHD 178, 178ECE, 110D) \_\_\_\_\_ SPED M/S Initial 172 \_\_\_\_\_ SS EHD 155B Final \_\_\_\_\_

Phase III Final (EHD 170, 170ECE, 160A, 160B) \_\_\_\_\_ SPED M/M Final 175 \_\_\_\_\_

SPED M/S Final 176 \_\_\_\_\_

Please indicate the year you last attended a Fresno State Master Teacher Training Conference: \_\_\_\_\_

**COURSE REIMBURSEMENT INFORMATION**

Name of Completed Course: \_\_\_\_\_

Course Number: \_\_\_\_\_ Units: \_\_\_\_\_ Tuition Fees: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_