



**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

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

CHECKLIST

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