



REIMBURSEMENT FORM FOR ASSOCIATE TEACHERS

CHECK ONE (AND ENTER YEAR):

First Placement: September _____(yr.) **OR** January _____(yr.)

Second Placement: October _____(yr.) **OR** March _____(yr.)

Deadline: Forms need to be returned by the end of the first week of the placement

Please complete this sheet and FAX to 716.932.2611 during the first week of the student teaching placement. It is very important that we have your full name and correct address and zip/postal code so that your stipend may reach you. Stipend checks cannot be processed without this form. Please note, stipends are not mailed until after the student's placement has ended.

Should you have any questions, please email susan.m.desing@medaille.edu

Thank you in advance for your cooperation.

NAME OF ASSOCIATE TEACHER: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY/STATE OR PROV: _____

POSTAL/ZIP CODE: _____

HOME MAILING ADDRESS:

MAILING ADDRESS: _____

CITY/STATE OR PROV: _____

POSTAL/ZIP CODE: _____

NAME OF MEDAILLE STUDENT TEACHER YOU WORKED WITH:

NAME OF STUDENT'S COLLEGE SUPERVISOR
