



Office of Clinical Experiences & Partnerships
Mentor Teacher Stipend Verification ~ Fall 2019

Cooperating Teacher _____ SS# _____

_____ Check if change of name Please Print Necessary to process checks

Home Address _____

_____ Check if change of address Street City State Zip Code

Home e-mail _____ Home phone _____

Are you a KU graduate? Yes ___ No ___ Year _____ Degree/Major _____

School District _____ Building _____

Grade/Subject _____ Work Email _____

Is this your first Teacher Candidate from Kutztown University? ___yes ___no

Signature of Cooperating Teacher _____

KU Teacher Candidate _____

Please Print

Office Approval: Stipend _____\$135.00 (first KU Student Teacher) _____\$270.00 Date _____

(Please return this form to the CE&P Office in the self-addressed, stamped envelope.) **Second Placement – Fall 2019**



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