



WESTERN
ILLINOIS
UNIVERSITY

Center for the Preparation of Education Professionals Field Experience Data and Request for Tuition Waiver

Part I (to be completed by instructor of record)

Course Name & Number _____ Section _____ Semester Hours _____

Semester (Term & Year) _____ WIU Instructor _____

of Observation/Clock Hours _____

Type of Experience

Observation _____ After School Program _____ Aiding _____ Instructional _____ Other: _____

Part II (to be completed by WIU teacher education candidate)

Student Name _____ Student ID # _____

Major _____

Part III (to be completed by cooperating teacher)

Cooperating Teacher Name _____
(last) (first) (middle initial)

Cooperating Teacher SSN or WIU Student ID (required for waiver)* _____

Grade Level _____ Subject _____

Cooperating School _____

School Address _____

City _____ State _____ Zip _____

School Phone Number _____ E-mail _____

Part IV *Return by December 10 (fall term enrollment) or May 10 (spring term enrollment)*

Return to: Jacqlin Richmond, Coordinator of Field Experiences

1 University Circle

Western Illinois University

Macomb, IL 61455

HH91 Phone: 309-298-1281

Fax: 309-298-3386

E-mail: J-Richmond@wiu.edu

***Tuition waiver cannot be issued without SSN/WIU ID of cooperating teacher. Teachers may contact Jacqlin Richmond directly with ID number. NOTE: 30 clock hours = 1 semester hour tuition waiver. Maximum 90 clock hours per student per semester may be applied toward waiver. Tuition waivers do not cover the \$30 per semester hour instructional enhancement charge for all courses designated Internet (I and IC), Correspondence (C), and Extension site (E).**