



Indiana University of Pennsylvania

COLLEGE OF EDUCATION AND EDUCATIONAL TECHNOLOGY

Teacher Education Office
 1175 Maple Street, Room 104
 Indiana, PA 15705
 724-357-2485 Fax: 724-357-3294

COOPERATING TEACHER'S HONORARIUM FORM

PLEASE RETURN PROMPTLY (THIS FORM IS INTERACTIVE) YOUR STIPEND CANNOT BE PROCESSED WITHOUT THIS FORM

Check one: Fall Semester Spring Semester

Check one: Mr. Mrs. Ms. Dr.

Last Name: First Name: M.I.

SSN: eMail:

Home Address:

Home City: Home State: Home Zip Code:

Home Phone: School Phone:

School District or Intermediate Unit:

School (Building):

School Street:

School City: School State: School Zip Code:

Grade: Subject:

Teaching Experience (# of years):

Undergraduate Degree from: Year:

Major:

Graduate Degree from: Year:

Major:

IUP Cooperating Teacher Workshop since 1988: Yes No Date:

Name(s) of current student teachers: Total number of IUP Student Teachers:

Signature: _____ Date: _____

Please return this form to the Office of Teacher Education at above address.

Failure to return this form by December 1st for Fall Semester and May 1st for Spring Semester will impair our ability to process your honorarium in a timely fashion.