



Tuition Certificate Request Form

Date: _____

Semester: _____

Requestor (print name): _____ Department: _____

Number of Certificates Requested: _____ Please note that the number requested must match the number of cooperating teachers/supervisors eligible to receive the certificate in the given semester.

Tuition Certificate Value (check only one):

- ☐ 1 credit
- ☐ 1.5 credits
- ☐ 3 credits

Signature of Requestor: _____ Date: _____

Approval by Chair/Dean (if required): _____ Date: _____

For Student Accounts Office use only:

_____	_____	_____	_____
Date Received	Certificate numbers issued	Processed by	Date