



CERTIFICATE OF PARTICIPATION REQUISITION

Cooperating Teachers, Supervisors and Preceptors **hosting pre interns:** Use this form for recording your supervision hours. **Submit completed form each semester to Dianne Wood via email wood@usf.edu**, fax (813)974-6126 or College of Education Anchin Center, 4202 E. Fowler Ave, STOP EDU105, Tampa, FL 33620. Once you have accumulated 300 hours, you will receive the tuition waiver at the school indicated below. Hours may be accumulated over multiple semesters provided at least 100 contact hours of direct supervision is provided per semester.

Cooperating Teachers, Supervisors and Preceptors **hosting final interns:** Use this form to request a Certificate of Participation tuition waiver. **Submit completed form to Dianne Wood via email wood@usf.edu**, fax (813)974-6126 or College of Education Anchin Center, 4202 E. Fowler Ave, STOP EDU105, Tampa, FL 33620. You will receive the tuition waiver at the school indicated below.

It is important that all information and signatures be completed prior to returning this form. The cooperating teacher's/supervisor's/preceptor's social security number is required for the state Certificate of Participation to be issued.

Requesting Department: _____ Program: _____
 13301 Bruce B. Downs Blvd., Suite 1400
 USF Department _____ Tampa, FL 33612
 Supervisor: Teri Simpson Teri Simpson
 Print Name Signature

Cooperating Teacher/Supervisor/Preceptor: _____
 Print Name Signature

Cooperating Teacher's/Supervisor's/Preceptor's **Social Security Number:** _____ - _____ - _____

Agency/School Assigned: _____

Agency/School Address: _____
 Street City Zip

Please complete all sections for each student supervised

Name of USF Student(s) Supervised	USF ID number of student supervised	Dates of Supervision From: (mm/dd/yy) To: (mm/dd/yy)	Level of Internship	Number of hours student was supervised

Total hours must reach 300 before a waiver is issued. TOTAL HOURS: _____