



COOPERATING TEACHER PAYMENT VOUCHER

Please complete and return directly to the Teacher Preparation Program at 311 North 5th Street, Armitage B-34, Camden, New Jersey 08102

Name of Student Teacher: _____

Please PRINT legibly

Full Name of Cooperating Teacher(s)	Social Security Number(s)	Home mailing address(es) for check

It is essential that this information be provided so that cooperating teachers will receive the appropriate payment.

Prompt return of this form will enable us to process the payment voucher. Checks will be mailed only after all evaluations sheets and the certificate of student teaching forms have been submitted to us. Please allow up to 8 weeks after the close of the semester for receipt.

DEADLINES FOR RECEIPT OF THIS FORM:

October 15 (FOR ALL FALL STUDENT TEACHERS)

February 15 (FOR ALL SPRING STUDENT TEACHERS)