

**CENTRAL MICHIGAN UNIVERSITY
TUITION REFUND REQUEST FORM**

for

Cooperating Classroom Teachers, Pre-Student Teaching Host Teachers, and Building Principals
Refund request must be received no later than 30 days after the close of the semester in which the course was taken.

I. Information About You: Date: _____

Name: _____ CMU Student ID Number: _____

Address: _____
Street City State Zip

Email Address: _____ Home Phone Number: _____

Please check one:

- Student Teacher Cooperating Classroom Teacher (complete Parts I, IIA, and III)
- Pre-Student Teaching Host Teachers (complete Parts I and III & read IIB)
- Principal (complete Parts I, IIA and/or read IIB when applicable, and III)

II. Information About the Student(s):

(Guidelines: <https://cmich.edu/academics/colleges/college-education-human-services/departments/teacher-education-professional-development/scechs-tuition-refunds-classroom-teachers>)

A. Information About the Student Teacher You Supervised

CMU Student's Name: _____ Semester in Classroom: _____ / _____
Spring or Fall Year

CMU Student Teaching Coordinator: _____

Name of School: _____

Name of School District: _____

B. Information About Pre-Student Teaching Students You Hosted

Information will be verified by CMU's Pre-Student Teaching Field Experiences Office; you do not need to list student names.

III. Information About the Course You Took: *Use 1 form for each course taken when submitting multiple refund requests.*

Course: _____ Section #: _____ Instructor: _____
Designator & # 5 or 8 digits

Course Name: _____

Course Location: _____

On Campus Off Campus **Grade:** _____ **Semester/Year:** _____ / _____
Must be 'B' or higher Spring or Fall / Year

Please check one of the following:

- I have not received any supplemental monies toward tuition for taking this class (financial aid, grants, school funds, etc.)
- I have received \$ _____ from _____ for taking this class.

Amount of Tuition Paid: \$ _____

I verify that all information on this form is correct: _____ Signature _____ Date _____

Please submit completed forms to:
 Central Michigan University
 EHS 421/TEPD-Tuition Refunds
 195 Ojibway Court
 Mt. Pleasant, MI 48859