VOUCHER APPLICATION FOR COOPERATING TEACHERS

Thank you for hosting University of Manitoba Teacher Candidates in your classroom.

Course vouchers are issued as an acknowledgement of the service Cooperating Teachers provide by hosting UM Teacher Candidates. Each voucher is valid upon receipt for 2 academic years and only one voucher can be used per year. Vouchers are non-transferable.

The Faculty of Education issues vouchers that are redeemable in partial payment for any credit or non-credit courses taken at the University of Manitoba. Please refer to the University of Manitoba Academic Calendar at http://umanitoba.ca for a complete list of courses.

Please submit a completed voucher application form (below) to the Financial Assistant in the Faculty of Education at least 1 week prior to the tuition fee payment deadline for the applicable term. An email of confirmation advising that a credit voucher has been processed and sent to the University of Manitoba cashier’s office to be applied against course registration fees relating to the Collaborating Teacher will be sent in return.

Should you have any questions, please contact the Financial Assistant at (204) 474.6730.

Thank you again for your service to the profession.
VOUCHER APPLICATION FORM

PLEASE RETURN THIS VOUCHER APPLICATION FORM TO:

Financial Assistant
Faculty of Education
University of Manitoba
Winnipeg MB R3T 2N2
Phone: (204) 474-6730
Fax: (204) 474-7551

ONE $60.00 VOUCHER MAY BE REDEEMED PER ACADEMIC YEAR (September 1 to August 31)

For office use only

Date: ___________________________________________ Expiry Date: ___________________________________________

Course must begin before this date.

Cooperating Teacher's Information:

______________________________________________   _______________________________________________
First Name Surname

__________________________________________  ______________________
Email Address U of M Student Number

School Information:

______________________________________________________   ________________________________________
School Name School Telephone Number

Signature of School Principal or Contact Person:

_______________________________________________________

Teacher Candidate's Information:

_____________________________________________   __________________________________________________
First Name Surname

Teaching Block Supervised: (Vouchers are not redeemable for courses that begin more than 2 years from the start of the academic year of supervision.)

Year: _____  ☐ Fall Term (Sep to Dec)  ☐ Winter Term (Jan to Apr)  ☐ Summer Session (May to Aug)