

Westminster Choir College of Rider University
Department of Music Education

COOPERATING TEACHER PAYMENT INTENTIONS

Print Name Clearly _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Home Email _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Telephone _____ School Email _____

School Fax _____

Name of Principal or Supervisor _____

(Check one)

Please send me payment (\$200 for senior student teacher; \$25 per student for practicum team)

Please send me course voucher (3 credits for senior student teacher; 1 credit for practicum team). Please note voucher may not be used for applied instruction, independent studies, or WCC summer workshops.

YOU WILL RECEIVE PAYMENT/VOUCHER AND CERTIFICATE OF PROFESSIONAL DEVELOPMENT WHEN COMPLETED STUDENT EVALUATION FORMS ARE RECEIVED. NOTE: The IRS and the University require a completed W-9 form before payment or voucher may be disbursed.

Signature _____ Date _____

Email, Mail or Fax this form to:

Debbie Williamson, Music Education Department
Westminster Choir College of Rider University
101 Walnut Lane
Princeton, NJ 08540

Email: dwilliamson@rider.edu FAX: 609-279-0694