



OHIO
UNIVERSITY

The Gladys W. and David H.
Patton College of Education

The Office of Clinical Experiences

MENTOR TEACHER

APPLICATION FOR USE OF GRADUATE FEE WAIVER

(Return completed form to: Ohio University The Patton College of Education, Suite 103 McCracken Hall, Athens, OH 45701)

You must be admitted to Ohio University as a graduate student and registered for classes to receive a graduate fee waiver. Failing to officially register for the course(s) you requested will cancel your graduate fee waiver. NOTE: Fee waivers can ONLY be used on graduate courses.

Name of Applicant: _____ PID #: _____
Home Address: _____ Telephone number: _____
E-mail: _____

School Name: _____ School District: _____
School Address: _____ Telephone Number: _____

Semester/Year (i.e.-Fall Semester 2017-18): _____ Campus: _____

Credits/Units: _____ Course Sub/Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____
Credits/Units: _____ Course Sub/Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____
Credits/Units: _____ Course Sub/Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____

APPLICANT'S SIGNATURE

DATE

Do not complete this section; this section will be completed by The Patton College of Education
 _____ hours of graduate instructional fees totaling \$ _____ charged to 010-0000-07070-741000-UN0301900
 _____ hours of graduate general fees totaling \$ _____ charged to 010-0000-07070-741000-UN0301900