

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

The OHIO Center for Clinical Practice in Education

SCHOOL DISTRICT'S FEE WAIVER FORM

APPLICATION FOR USE OF DISCOUNTED GRADUATE FEE WAIVER Return FULLY completed form by email to: Dawn Mooney at mooneyd@ohio.edu

By using this graduate fee waiver you agree to pay 50% of the amount of the waiver (includes the instructional and general fee) given to you by your school district. You must be admitted to Ohio University as a graduate student and

registered for Patton College courses to receive a you request will cancel your graduate fee waiver. N			
Name of Applicant:			e courses.
Home Address:			
E-mail:			
School Name:		School District:	
School Address:		Telephone Number:	
REQUIRED: NUMBER OF GRADUATE FEE WAIN Semester/Year (i.e. Fall Semester 2022-23):			
Credits/Units:Course Sub/Catalog #(i.eEDTE 2200):Credits/Units:Course Sub/Catalog #(i.eEDTE 2200):		Class #(i.e2576): Class #(i.e2576):	Section:
Credits/Units:Course Sub/Catalog #(i.eEDTE Teacher Graduate Program & Code (i.e. "Reading Ed			
SUPERINTENDENT'S SIGNATURE	DATE	*Superintendent, please make sure the number of graduate fee waiver(s) approved is stated above.	
APPLICANT'S SIGNATURE	DATE	-	
Do not complete this section; this section hours of graduate instructional fees totaling hours of graduate general fees totaling \$		charged to 10-100000-130735-0000-1	-10