

CUNY TUITION WAIVER APPLICATION  
DESIGNATION OF COOPERATING TEACHER

For service in

NEW YORK CITY COLLEGE OF TECHNOLOGY  
STUDENT TEACHING PROGRAM

**Cooperating Teacher Information**

Cooperating Teacher's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number (for identification purposes only): \_\_\_\_\_

**Student Teacher Information**

Name of Student Supervised: \_\_\_\_\_

Term: (circle one)    Fall    Spring                      Year: \_\_\_\_\_

**School Information**

School Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Student Teaching Supervisor or Department Head (if applicable): \_\_\_\_\_

Please mail this form to:

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Brooklyn, NY 11201