

Certificate of Participation Verification Request Form – School of Teacher Education

In appreciation of your supervision of UCF College of Community Innovation and Education interns, we are able to offer you a Certificate of Participation (CoP) on behalf of the Florida Board of Governors for services rendered to the State of Florida and State University System. The CoP entitles you to exempt the tuition fee for up to six hours during one term (1 semester) of instruction, including credit courses offered through continuing education programs, at any state university in Florida. If you choose to take only 3 credit hours, the entire CoP will be cashed in and cannot carry over to another term. Therefore, taking 6 credit hours in one semester will allow you to get the most value out of your CoP. You are required to pay all current fees applicable at the time of registration except tuition fees and comply with all applicable statutes and policies of the State of Florida and its agencies regarding admission and registration.

CoPs are non-transferable and expire 3 years from the date of issue.

To start the verification process, please email this completed form to ccieexperiences@ucf.edu. The Office of Immersive Experiences staff will verify placement data and follow up with you within a few weeks regarding your eligibility for a CoP. Issuance of CoPs is contingent upon meeting the supervisor requirements as outlined by the Florida Board of Governors. Completion of this form and verification does not start the 3 year window. When you are ready to request a CoP to be issued, it will be processed, authorized, and emailed to you as a PDF. The three year window starts at that time.

Please note, the criteria for earning a CoP has changed over the years and may continue to vary slightly as the needs and regulations of each program evolve.

Thank you for all you do to support the UCF College of Community Innovation and Education.

Required Information for Certificates of Participation

Supervising Teacher Information

Name: _____ E-mail: _____
 Phone: _____ School: _____ District: _____

Student Information

Please list the name, major, type, term (semester and year), and duration for each student you supervised

	Student Name	Major (Elem. Ed, Secondary, ESE, Early Childhood)	Type (Intern I or II, Grad 3HR or 6HR, Seminar, Practicum)	Semester & Year (e.g.: Spring 2022)	Duration (half or full semester)	Office Use Only: Verified COP Value
Student 1						
Student 2						
Student 3						

Notes/Comments: _____

For Office Use Only:

Notes: _____

Received: _____ Acknowledgement sent: _____ Verified by: _____ Eligibility sent: _____

Decision: _____ COP #: _____ Issued: _____