

CERTIFICATE OF PARTICIPATION REQUEST FORM

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). COPs are issued on behalf of the Florida Board of Governors, in appreciation of services rendered to the State of Florida and the 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 chose to take only 3 hours, the entire COP will be cashed in and cannot carry over to another term. Therefore, taking 6 hours in one semester will allow you to get the most value out of your COP. You will be 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.

Certificate of Participation Requirements:

One COP is issued after the supervision of any one of the following:

- | | | |
|-------------------------|---|-------------------------------------|
| Intern II - 1 | Elementary Ed Intern I - 3 | Early Childhood Seminar Student - 2 |
| 6hr Graduate Intern - 1 | K12,Exceptional Ed,Secondary Intern I - 2 | 3hr Graduate Intern - 2 |

Once you have met the requirements for earning a COP, email this completed form to edintern@ucf.edu in the Office of Clinical & Field Experiences. COPs are processed at the end of each semester upon verification of placement data. Issuance of COPs is contingent upon meeting the requirements of collaborating teachers as described in the Student Teaching Handbook. Once the Certificate of Participation is processed, reviewed, and authorized, the **new electronic pdf version** Certificate of Participation will be emailed directly to you.

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

Required Information for Certificates of Participation (Please print)

Collaborating Teacher Information

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

Intern Information

Please circle the type of intern(s) you supervised.

- | | | |
|-------------------------|--|-------------------------------------|
| Intern II - 1 | Elementary Ed Intern I - 3 | Early Childhood Seminar Student - 2 |
| 6hr Graduate Intern - 1 | K12,Exceptional Ed, Secondary Intern I - 2 | 3hr Graduate Intern - 2 |

List the name, major/type, and semester/year of each intern you supervised.

- 1) Name: _____ Major/Type: _____ Semester/Year: _____
- 2) Name: _____ Major/Type: _____ Semester/Year: _____
- 3) Name: _____ Major/Type: _____ Semester/Year: _____
- 4) Name: _____ Major/Type: _____ Semester/Year: _____

For Office Use Only:

Date Received: _____ Verified: _____ Confirmation Sent: _____

Certificate of Participation #: _____