Department of Education

University of Montana Western

UNIVERSITY SUPERVISOR CONTRACT

Please fill out, print, sign and return.

This contract is valid for [ ] Fall [ ] Spring Semester of [ ] (year).

I agree to represent the University of Montana Western as a University Supervisor for the following teacher candidate(s):

Teacher Candidate(s): [ ]

Supervisor Information:

Last Name: [ ] First Name: [ ] MI: [ ]

Mailing Address: [ ]

City: [ ] State: [ ] Zip: [ ]

School: [ ]

E-mail Address: [ ]

Work Phone: [ ]

Home Phone: [ ]

Fax: [ ]

PLEASE BE AWARE: Failure to provide all the required documentation and forms of identity and/or an incomplete packet are the leading causes of the delay in payment of the stipend. Please read and follow the directions as carefully as possible.

I certify that this claim is correct and just in all respects and that payment has not yet been received. As a University Supervisor for the University of Montana Western, I will fulfill the responsibilities of a University Supervisor as outlined in the Montana Western Student Teacher Handbook.

The Supervisor is due:

The full payment of [ ] Budget Code: DST011

_____

Signature of University Supervisor Date

_____

Dr. Adam Mastandrea, Director Date
Office of Field Experience and Student Teaching

_____

Dr. Deborah Hedeen, Provost Date
University of Montana Western

Office of Field Experience ~ Box 122 ~ 710 S. Atlantic ~ Dillon, MT 59725
406-683-7636 ~ 406-683-7662 Fax
Return scanned documents to connie.beck@umwestern.edu.