



Education Division  
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      Split Stipend into Two Payments      Budget Code: DST011

\_\_\_\_\_  
Signature of University Supervisor      Date

\_\_\_\_\_  
Yasmin Acosta-Myers, Manager of Field Experience, Supervision and Licensure      Date  
University of Montana Western

\_\_\_\_\_  
Dr. Estee Aiken, Education Division Chair      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](mailto:connie.beck@umwestern.edu).