

**Certificate of Participation
Guidelines and Request Form**

In appreciation of your supervision of UCF Department of Music 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 the services rendered to the State of Florida and the State University System. The COP entitles the holder 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 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-transferrable and expire three years from the date of issue.

Certificate of Participation requirements:

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

1 senior BME intern or 2 junior BME interns over two semesters (4 junior interns)

Once you have met the requirements for earning a COP, return this form to the Coordinator of Music Education (fax: 407.823.3378). COPs are processed at the end of the semester upon verification of the placement data. Issuance of COPs is contingent upon meeting the requirements of the Internship Supervising Teacher Guide. Once the certificate is processed, the COP will be mailed to you. To use the COP for tuition costs, turned in the signed, completed COP to Student Accounts at the time your tuition is due.

Thank you for all you do to support the Department of Music and the field of Music Education.

Required Information for Certificates of Participation (please print)

Supervisor Information		
Name: _____	SS# _____	Phone: _____
Address (City, State, Zip): _____		
Email: _____	School: _____	District: _____

Intern Information		
<i>Please circle the type of intern(s) you supervised.</i>		
1 senior	or	4 juniors
<i>List the name and the year/semester of each intern you supervised.</i>		
1) Name: _____	Semester/Year: _____	
2) Name: _____	Semester/Year: _____	
3) Name: _____	Semester/Year: _____	
4) Name: _____	Semester/Year: _____	

FOR OFFICE USE ONLY

Received: _____ Receipt Email Sent: _____ Verified: _____