

ASU MASTER/MENTOR TEACHER PAYMENT FORM

Master/Mentor Teacher's Name _____

Social Security Number: _____

* This information is required by the ASU Business Office.

Home Address: _____

*Please indicate if this is a new address.

City, State, Zip _____

School /County _____

Are you an ASU employee? _____yes _____no
(Have you ever received pay for teaching an ASU course?)

Email address _____

Has the Teacher Support Specialist Endorsement been added to your certificate?

_____yes _____no

Apprentice/Practicum Student's name: _____

Major _____

Semester of Apprenticeship/Practicum: **Fall** **Spring** **Summer**

This form must be returned to Julie Gray.

Fall semester deadline: September 1. Check will be mailed by: November 1.

Spring semester deadline: February 1. Check will be mailed by: April 1.

Summer semester deadline: June 10. Check will be mailed by July 30.

Options for returning the form:

1. Fax directly to Julie Gray's computer: 706-434-5730
(please do not use any other fax number)
2. Send via the U.S. Mail to Julie
Gray: College of Education
Augusta State
University 2500 Walton
Way Augusta, Ga. 30904

**A new Master/Mentor Teacher form is required each time a check is requested. Old forms
are shredded after the check has been requested.**