



# Mitchell College Education Department

## Reimbursement Form

Fill out the form below completely. All receipts should be attached to the form and emailed to lewis\_l@mitchell.edu.

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Personal Email \_\_\_\_\_

EIN Number \_\_\_\_\_

Description of Purchase	Date Registered	Date Taken	Cost
Foundations of Reading Exam	_____	_____	_____
Early Childhood Praxis Exam	_____	_____	_____
EdTPA	_____	_____	_____
Fingerprints for Fieldwork	_____	_____	_____

Total

Do you have a financial need? \_\_\_\_\_

Do you intend to become a certified teacher either through Mitchell's Bachelor Program or through a Master's Program? \_\_\_\_\_

Is there any other information you would like to share about your application?

**APPROVED**  **NOT APPROVED** -- **AMOUNT APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Dr. Alison Reichard, Certification Officer** \_\_\_\_\_

**Dr. Christopher Clouet, Department Chair** \_\_\_\_\_