# Schedule “A” Honorarium

***(Appendix F)***

Please select the appropriate payment section and complete accordingly.

Fall Term (Year)  Spring Term (Year)

|  |  |
| --- | --- |
| **Student:** | **Supervisor:** |
| **Practicum Site:** | |

Upon satisfactory completion of the practicum and submission of final grades by the due date, a $500.00 CAD honorarium will be paid. Instances of co-supervision will result in the honorarium being pro-rated.

If the Supervisor or Agency terminates the practicum, no honorarium payment will be made. If the student withdraws from the practicum, upon documentation from the Supervisor/Agency of any supervision/preparation that took place, a pro-rated honorarium will be paid. If the student withdraws from the practicum prior to any supervision/preparation no honorarium will be paid.

**NO HONORARIUM REQUIRED (No other information required)**

**SUPERVISOR (Deductions will be made according to Canada Revenue Agency)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | First Name: | | Phone: | | E-mail: | | |
| Permanent Address (street, city, province, postal code): | | | | | | | |
| Date of Birth: (dd/mm/yy) | | Social Insurance Number: | | Gender:  Male  Female | | Canadian Citizen  Yes  No | Landed Immigrant  Yes  No |

**INCORPORATED FIRM / AGENCY / OTHER (e.g., CHARITY)**

|  |  |
| --- | --- |
| Payee: | |
| Mailing Address for cheque (street, city, province, postal code): | |
| GST/Revenue Canada Business Number: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tax  Exempt  Status  Yes  No |
| If no GST number established:  Corporate Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Society Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Charity Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Please submit this form **with** a **signed** copy of ***Appendix E: Practicum Agreement*** to: | If you have any questions regarding this agreement please contact: |
| **Mail:** Graduate Studies & Research  Faculty of Education, University of Lethbridge  4401 University Drive, Lethbridge, AB T1K 3M4  **Fax**: 403-329-2372  **Email**: [edu.masters@uleth.ca](mailto:edu.masters@uleth.ca) | **Email**: [edu.masters@uleth.ca](mailto:edu.masters@uleth.ca)  **Phone**: 403-329-2425  **Toll Free**: 1-800-666-3503 |