# 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: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | TaxExempt Status[ ]  Yes[ ]  No |
| If no GST number established:[ ]  Corporate Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Society Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Charity Registration Number # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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 & ResearchFaculty of Education, University of Lethbridge4401 University Drive, Lethbridge, AB T1K 3M4**Fax**: 403-329-2372 **Email**: edu.masters@uleth.ca | **Email**: edu.masters@uleth.ca **Phone**: 403-329-2425 **Toll Free**: 1-800-666-3503 |