

P POINT PARK UNIVERSITY
SCHOOL OF ARTS AND SCIENCES
DEPARTMENT OF EDUCATION

**ABCTE CANDIDATE
STATEMENT OF FINANCIAL RESPONSIBILITY**

Name _____ **DOB** _____
Area of Certification _____
Home Address _____
City _____ **State** _____ **Zip Code** _____
Daytime Phone _____
Evening Phone _____
Cell Phone _____
Email _____

I, the above named candidate, understand and accept all financial obligations as related to the Mentoring Process and to the completion of six (6) credits in the Graduate School of Education at Point Park University. This includes (but is not limited to) the mentoring fee and all costs associated with supervisor visits (a minimum of four visits) and tuition for the graduate coursework.. The supervisor’s costs include such things as mileage, housing, meals, etc.

Point Park University will bill me for all appropriate costs incurred. I understand that until all financial obligations are cleared for the university, my documentation will not be submitted for review by the certification agent.

Candidate Signature _____

Date _____