

For Office Use Only	
Request Rec'd	
Authorization	\$
Grade Rec'd	

Professional Development Master Plan

SAU #67 BOW SCHOOL DISTRICT

Request for Course Approval and Reimbursement

NOTE: This form must be completed PRIOR to taking the course in order to receive reimbursement.

Name: _____ Date _____ School _____

Course(s) Starting Date _____ Anticipated Concluding date _____

Course Title	College or University	Number of Credits	Cost per credit	Subtotal
1.				
2.				
3.				
			Total:	

These courses are part of an approved graduate program leading to a Master, CAGS, or Doctorate Degree? _____ YES _____ NO

Reimbursement is paid in accordance with the process outlined in the master contract. Transcripts must be submitted to the superintendent's upon completion of the course(s).

Applicant's Signature _____
Date

.....
 _____ Approved _____ Denied
 Reason: _____

Principal's Signature _____
Date

.....
 _____ Approved _____ Denied _____ Date _____

Comments: _____

Amount of Reimbursement _____ Signed _____