

WPS COURSE TUITION REIMBURSEMENT APPLICATION 2019-2020

All requests must be completed in full for consideration - Incomplete applications will NOT be processed.

Name of Applicant: _____ Unit A: _____ Unit B: _____ Date: _____

School: _____ Grade Level: _____ Content Area: _____ Other: _____

Applicant's Contact Information:

Phone Number: _____ School Email: _____

COURSE TUITION REIMBURSEMENT INFORMATION:

Course Title: _____

University/College/Organization Issuing Credit: _____

Course Start Date: _____ Course End Date: _____

Check All that Apply: Face-to-Face _____ Online: _____ Graduate Credit: _____ PDPs: _____

Provide a brief description of the course including expected outcomes for students.

COURSE TUITION REIMBURSEMENT AMOUNT REQUESTED: _____

(Not to Exceed \$600.00)

- ✓ **I understand that any and all proposals must be submitted to the WPS Professional Development Committee in accordance with the Unit A & Unit B PD Application Schedule prior to participating in professional development.**
- ✓ **I understand this approval is contingent upon my willingness to provide future professional development for Westfield Public School District.**
- ✓ **I understand that I must not register or pre-pay any costs prior to approval. Initial: _____**

Signature of Applicant

Date

Signature of Principal (Required)

Date

Comment: _____