

COURSE APPROVAL/CREDIT PAYMENT

This form must be submitted for approval for all payment methods 2 WEEKS PRIOR TO ENROLLMENT in courses.

Please see the Negotiated Agreement, Article V "Professional Development" for course approval/credit payment criteria.

CHOOSE ONE METHOD OF PAYMENT:



PRE-REGISTRATION: Employees planning to pre-register for a Graduate Course are to complete this form and the fully completed college or university registration form and send it to the District Office no later than 10 working days before the start of the class. Upon approval, a purchase order or check will be mailed directly to the University. **IMPORTANT NOTE:** If the employee is NOT able to send the completed pre-registration information within the 10 working day time frame, the form will be returned.



REIMBURSEMENT: Employee will pay for the course and will receive reimbursement after course completion. After completing the pre-approved course, the employee will submit official transcripts and the cancelled check or receipt from the College or University.

Name: _____ Date: _____

School: _____ Position: _____ Phone: _____

College or University Where Course is Held: _____

Course #: _____ Course Title: _____

How will this Professional Development be utilized and shared to improve student achievement?

Amount of Tuition Requested: \$ _____ Number of SEMESTER Credits: _____

Beginning Date of Course: _____ Ending Date of Course: _____

The district will pay for the course, up to the agreed amount stipulated in the negotiated agreement, if it meets one of the following criteria:

- The class has relevance to the employee's individual professional goals as approved by the employee's principal/supervisor.
- The class has relevance to the current district goals.
- The class is required by the State of Idaho.
- The class is required by WBCSD.

Have you exceeded your total dollar amount allowed by the negotiated agreement paid by the WBCSD during this current fiscal year (July 1 to June 30)? Yes No

I agree that I will provide official transcripts of having completed the above credits. The official transcripts must be on file in the District Office no later than six weeks after completion of the course or the cost of the tuition will be deducted from my pay.

Employee's Signature: _____ Date: _____

Request is: **APPROVED** **DENIED** **DISTRICT OFFICE USE ONLY**

Signature: _____ Date: _____

Distribution: Send completed forms to the District Office. The District Office will forward an approved/disapproved copy of this form to the employee. Please retain this processed copy for your records.