WESTFORD PUBLIC SCHOOLS APPLICATION FOR APPROVAL OF A COURSE OF PROFESSIONAL STUDY or CONFERENCE/WORKSHOP

Name:	School:	Position:	
I hereby request approval of	a course entitled		
at	(insti	tution). Please attach syllabus if an	online course request.
*Only graduate courses at acci Assistant Superintendent befo	edited colleges and universities or Un re the first day of class will be conside	iversity of Westford courses, that rece red for the appropriate column advance	ive prior approval of the cements.
This course begins	(month), 20 and ends	(month), 20	<u> </u>
This course will amount to	graduate credit(s) or PDPs	COHs Other _	
I am taking this course for (check which applies): ☐ Content OR ☐ **Non-content: ☐ 1st or ☐ 2nd in 5-year cycle			
I have achieved 30 credit hours beyond my Masters (M+30): ☐ Yes ☐ No If yes, year M+30 was achieved			
** If the employee intends on taking a non-content course, a rationale for taking the course and how it will enhance the educational experience of the students should be included on the course approval form. Please attach rationale.			
() Colu	umn Advancement: Bachelors	Initial Masters	a va aa *\
	ter's +30 Date Master's de ree Requirement	gree conterred (required for M+30 cd	ourse request)
` ,	essional Development (A proof of con	noletion is required for reimbursement)
, ,	ference/Workshop (up to \$200 in lieu		,
, ,	er (Please specify)	,	
I request \$tuition reimbursement for this course or conference/workshop during this school year 20/20			
PLEASE NOTE:			
 It shall be the responsibility of the employee to present to the Assistant Superintendent column change worksheet of previously approved courses with official grade reports for promotion to the M+30 column. An official transcript is needed for the Bachelors to Masters column change. It may be required to justify the purpose for taking this course & its relationship to the IPDP (Individual Prof Dev Plan). Course Reimbursement will be made in accordance with the WEA contract. Upon completion of course, an official transcript and proof of payment must be submitted within 90 calendar days. Please notify the office of the Assistant Superintendent, in writing, if the course is canceled or if you withdraw. 			
Employee Signature:		Date:	
	ISAPPROVED () Reason	for non-approval	
SignedPrincipal	Sub acco	unt #(If sub is required)	_Date
	APPROVED () Reason for I		
Signed	perintendent	Date	
3. Certificate of passing mark and proof of payment presented to and approved by:			
Signed	perintendent	Date	
Please note – reimbursement process When applying for course reimbursement please provide: (1) A copy of this approved form (2) proof of payment which needs to be either a canceled check or a credit card or a bank statement that identifies the employee and the actual transaction, (3) an official transcript, or certificate of attendance for PD (4) the address you'd like the reimbursement check mailed to (below). Please send the entire package to the Asst. Superintendent, Central Office. Mailing address:			