

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 (institution). Please attach syllabus if an online course request.

*Only graduate courses at accredited colleges and universities or University of Westford courses, that receive prior approval of the Assistant Superintendent before the first day of class will be considered for the appropriate column advancements.

This course begins (month), 20 and ends (month), 20 and will amount to graduate credit(s).

Please clarify the following. I am taking this course for (check which applies):

Content - or - **Non-content: 1st or 2nd in 5-year cycle

** 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.

- () Column Advancement Bachelors Initial Masters Masters +30 Date Masters degree conferred (required for M+30 course request)
() Degree Requirement
() Other (Please specify)
() Professional Development (I understand that I must produce a grade report with university credit for reimbursement or column advancement as per contract.)
() Conference/Workshop (up to \$200 in lieu of courses taken for credit or audit) Please obtain a proof of attendance and submit with reimbursement paperwork.

I request \$ tuition reimbursement for this course or conference/workshop during this school year 20 /20 in accordance with the WEA contract.

PLEASE NOTE:

- In order to receive reimbursement and/or column transfer, the Building Principal and the Assistant Superintendent must approve the course in advance of the first class meeting.
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 and its relationship to the IPDP (Individual Professional Development 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 advise the Curriculum Office in writing if the course is canceled or if you withdraw.

Employee Signature: Date:

1. APPROVED () DISAPPROVED () Reason for non-approval

Signed Principal Sub account # (If sub is required) Date

2. APPROVED () DISAPPROVED () Reason for non-approval

Signed Assistant Superintendent Date

3. Certificate of passing mark and proof of payment presented to and approved by:

Signed Assistant Superintendent Date

Please note - reimbursement process Reimbursement Fiscal Year

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, (4) the address you'd like the reimbursement check mailed to (below). Please send the entire package to the Curriculum Office, Central Office.

Mailing address: