

**PROFESSIONAL CREDIT REIMBURSEMENT
COURSE APPROVAL FORM - Teachers**

EMPLOYEE

NAME: _____ **POSITION/SCHOOL:** _____

Course Name: _____ Course (EDU) #: _____
(One course per form)

University: _____ @ _____ **(Campus)**

Total Credits: _____ **OR** Total CEU'S: _____ **(Complete whichever applies)**

Billing Session: _____ Fall _____ Spring _____ Summer **(Must check one)**

APPROVAL SIGNATURES:

Principal: _____ Date: _____

Superintendent _____ Date: _____

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I am requesting one of the billing/reimbursement options below: (check which applies)
I am aware I need to register at the University in addition to completing this form.

1. _____ **DIRECT BILLING @ USM - Gorham OR Portland Campus, Or UNE**
(District pays allowable tuition only, which is last year's USM rate)
2.
 - a. _____ **1/2 TUITION IN ADVANCE** – Attach Invoice or receipt of payment, Second /final reimbursement check issued upon receipt of grade up to last year's USM rate.
 - b. _____ **REIMBURSEMENT UPON COURSE COMPLETION** –
Reimbursement check will be issued up to last year's USM rate, upon receipt of grade with an attached Invoice/or receipt.

Any forms sent over without required receipt or invoice will not be processed.

By signing below I agree to the terms listed above as stated in the Credit Reimbursement Professional Development section in the Teachers Contract, Page 13 Article XIV. I understand it is my responsibility to forward a copy of my grade, within fifteen days of announcement of grade. Failing to do so will result in payment due to the district for any advanced funds.

Date: _____

EMPLOYEE SIGNATURE

Submit completed form with required attachments to the Business Office.