

ATTACHMENT M - PROFESSIONAL GROWTH FORM

PROFESSIONAL GROWTH FORM

Date of Class _____ School Year _____

Date Submitted _____ Hours Granted This Year _____

A. I wish to participate in professional growth program as follows:

1. Graduate Course taken through (Univ., College, etc.) _____

a. _____ semester hours. Formula: 3 qtr. hrs. = 2 semester hrs.

b. A course in the field of education. Course title:

c. Brief description of course: _____

B. I understand that the Board agrees to reimburse fifty percent (50%) of tuition costs for a maximum of eight) semester hours per year. Said reimbursement will be paid upon verification of the following:

1. Prior approval
2. Completion of the course and receipt of a grade report. (Grade of "B" or better, or "pass" or "satisfactory")
3. Proof of payment and actual fee (fee card, paid bill, cancelled check, credit card statement or receipt)
4. Copy of actual tuition fee.

Signature of Teacher

C. Approved _____ Not Approved _____

Signature of Superintendent

Ref: Article 26