

ATTACHMENT M-1
PROFESSIONALGROWTH REIMBURSEMENT FORM

Name of Teacher (*please print*): _____

Name of Class: _____ Date of Class: _____

School Year: _____ No. of Sem. Hrs. _____

Date Submitted: _____ No. of Quarter Hrs. _____

Please Check:

_____ I obtained prior approval.

_____ I completed the course and received a grade of "B" or better or "pass" or "satisfactory."

_____ I am attaching the copy of the grade report.

_____ I am attaching proof of payment.

_____ I am attaching copy of actual tuition fee.

Tuition Amount Paid by Teacher: \$ _____

Amount to be Reimbursed (1/2): \$ _____

Signature of Teacher

_____ Approved
_____ Disapproved

Superintendent

Date

Ref.: Article 26