

**PROFESSIONAL CREDIT REIMBURSEMENT
COURSE APPROVAL FORM – Ed Tech/Secretaries**

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**
(Allowable tuition rate, and lab fees with the understanding there will be a payroll deduction for any fees exceeding the districts allowable tuition, upon completion of course)
2.
 - a. _____ **1/2 TUITION IN ADVANCE** – Attach Invoice or receipt of payment, Second /final reimbursement check issued upon receipt of grade (C or better).
 - b. _____ **REIMBURSEMENT UPON COURSE COMPLETION** –
Reimbursement check will be issued upon receipt of grade (C or better) with an attached Invoice/or receipt of payment.

Section 2. includes tuition only (no lab fees), reimbursement is paid at last year's USM rate. 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 Professional Development section in the SAA Contract, Page 20 Article XXI. I understand it is my responsibility to forward a copy of my grade, within 15 days of announcement of grade. Failing to do so will result in payment due to the district for any advanced funds.

EMPLOYEE SIGNATURE

Forward completed form w/ attached receipt to the Business Office.