

**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
(Allowable tuition rate, and lab fees with the understanding there will be a payroll deduction for any fees exceeding 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.
 - b. _____ **REIMBURSEMENT UPON COURSE COMPLETION** –
Reimbursement check will be issued upon receipt of grade 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 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.

EMPLOYEE SIGNATURE **Date:** _____

Submit completed form with required attachments to the Business Office.