

DOVER-SHERBORN PUBLIC SCHOOLS
Professional Development and Education Improvement
Approval and Reimbursement Form

Directions: 1. Please read Article 29 in the Teacher's Agreement before completing this form.
 2. Please complete Parts I and II or Parts I and III before submitting this form.

*******PART I*******

Name: _____

School: _____

Home/Mailing Address:

Street: _____

City: _____, State: _____, Zip Code: _____

Present Degree Level: ___ Bachelor's ___ Bachelor's +15 ___ Master's
 ___ Master's +15 ___ Master's +30 ___ Master's +45
 ___ Master's +60 ___ CAGS ___ Doctorate

Course Title: _____

Institution: _____

of Graduate Credits*: _____

Start Date of Course/Conference: _____

Tuition Amount: \$_____

Is the course accepted by the sponsoring institution as part of one of its graduate programs?

Yes _____

No _____

* *Graduate Credits*: Teachers should carefully review the graduate credit(s) granted for satisfactory completion of the course, making sure that the number of credits, as advertised, will appear on a final transcript (as opposed to a grade report). Be sure to submit any conversion or correlation table(s) pertaining to the credits that the sponsoring institution provides.

*****PART II*****

Complete Part II (and Part I) if you are taking the course for graduate credit or PDPs and reimbursement*, but not for possible lane change/salary adjustment consideration. See Part III for directions pertaining to lane change/salary adjustment consideration.

Are you taking this course for:

- Graduate Credit(s) and reimbursement, but not for possible lane change. _____
- PDPs and reimbursement, but not for possible lane change. _____

This form needs to be pre-approved by your DSEA representative and Principal/Headmaster before seeking the Superintendent's/Assistant Superintendent's endorsement. Submit this form to your DSEA representative and Principal/Headmaster, together with a course description and syllabus, for pre-approval and then forward to the Superintendent/Assistant Superintendent. Upon completion of this course, an original transcript from the sponsoring institution confirming the number of graduate credits awarded must be submitted.

Write a brief statement giving your reasons for taking this course:

Reimbursement Process: In order to be reimbursed for this course/conference, please submit the following documents to the Office of the Superintendent before June 1st of the current fiscal year:

- One (1) copy of this signed form;
- One (1) copy of a cancelled check or a copy of the credit card statement on which the course charge appears; and
- One (1) copy of a grade report from the sponsoring institution.

* *Reimbursement.* Teachers are only guaranteed \$400 per year for course reimbursement

Submit this form to your DSEA representative, Principal/Headmaster and to the Superintendent/Assistant Superintendent.

_____ A or D _____
 DSEA representative Date

_____ A or D _____
 Principal/Headmaster Date

_____ A or D _____
 Superintendent/Assistant Superintendent Date

Requests denied at first level should be forwarded to Superintendent and DSEA President.

_____ A or D _____
 President DSEA Date

_____ A or D _____
 Superintendent Date

*******PART III*******

Complete Part III (and Part I) if you are taking the course for graduate credit, reimbursement*, and lane change/salary adjustment consideration.

As Part III is being completed for possible salary adjustment, this form needs to be pre-approved by your DSEA representative and Principal/Headmaster before seeking the Superintendent's/Assistant Superintendent's endorsement. Submit this form to your DSEA representative and Principal/Headmaster, together with a course description and syllabus, for pre-approval and then forward to the Superintendent/Assistant Superintendent. Upon completion of this course, an original transcript from the sponsoring institution confirming the number of graduate credits awarded must be submitted.

Write a brief statement giving your reasons for taking this course:

Reimbursement Process: In order to be reimbursed for this course/conference, please submit the following documents to the Office of the Superintendent before June 1st of the current fiscal year:

- One (1) copy of this signed form;
- One (1) copy of a cancelled check or a copy of the credit card statement on which the course charge appears; and
- One (1) copy of a grade report from the sponsoring institution.

* *Reimbursement.* Teachers are only guaranteed \$400 per year for course reimbursement.

Submit this form to your DSEA representative, Principal/Headmaster and to the Superintendent/Assistant Superintendent.

_____ A or D _____
DSEA representative Date

_____ A or D _____
Principal/Headmaster Date

_____ A or D _____
Superintendent/Assistant Superintendent Date

KEY
'A' denotes approval
'D' denotes denial

FOR OFFICE USE ONLY
_____ C. Ingersoll
_____ T. Schmitt