



# WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

1460 Post Road, Wells ME 04090

UPDATED April 14, 2016

## COURSE APPLICATION FORM

### (SUPPORT STAFF)

Any employee, during the term of their employment for the Wells-Ogunquit C.S.D., who completes a minimum of two (2) credit hours of additional professional study at an approved college, university or other appropriate program, shall be reimbursed for each credit hour in the following manner:

- The course has been approved in advance by the superintendent.
- Reimbursement will be issued as promptly as possible following the filing, in the Office of the Superintendent, of copies of official transcripts which indicate the course(s) and the credit(s) earned.
- The employee shall be reimbursed up to the amount of cost for each credit hour at the rate in effect at the time the course is taken as established by the University of Southern Maine.

Employees required to take courses or other training for re-authorization, shall be reimbursed for said courses or training. In order to qualify for reimbursement, courses must be in an area which will facilitate **school improvement goals, job target goals, or individual goals of the staff member in an education related field** and be in agreement with the District Mission Statement. A grade of "B" or above is required.

After completing this form, please submit to the Central Office for superintendent approval (a copy will be returned to you).

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_

<i>Cost per credit hour</i>	<i>Course No.</i>	<i>Dates of Classes</i>	<i>Credit Hours Earned</i>	<i>Requested Reimbursement</i>
\$				\$
<i>College/University Name</i>		<i>Course Name</i>		

### BUILDING LEVEL TEAM /PRINCIPAL APPROVAL

Approval recommended: \_\_\_\_\_ Approval **not** recommended: \_\_\_\_\_

Explanation:  
\_\_\_\_\_

\_\_\_\_\_  
Team Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

### SUPERINTENDENT APPROVAL

Approval recommended: \_\_\_\_\_ Approval **not** recommended: \_\_\_\_\_

Explanation:  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature