



WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

1460 Post Road, Wells ME 04090

UPDATED 3/04/16

COURSE APPLICATION FORM

(TEACHER)

Any certified teacher during the term of their employment in the Wells-Ogunquit C.S.D. who completes a minimum of one credit hour of additional professional study at an approved college, university or other appropriate program shall be reimbursed 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 teacher 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.
- Reimbursement shall be limited to twelve (12) credits annually, with no more than three (3) each semester (September through December and January through June) or six (s) credits during the summer.

In order to qualify for reimbursement, courses must be in the subject area in which the individual teaches or be for courses which will facilitate School Improvement goals, job target goals, or individual professional goals of the teacher in an education related field with a required grade of "B" or above. Requests for reimbursement are to be submitted to the building level in-service team and the superintendent for consideration of approval.

After completing this form and obtaining approval from the building level in-service team, please submit to the Central Office for superintendent approval (a copy will be returned to you).

Employee Name: _____ School: _____

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

- **Is the above course for certification or toward a degree?** Certification Degree *(circle one)*
- **If toward a degree program, have you conferred with your advisor?** Yes ____ No ____
- **Is the above course in the subject area in which you teach?** Yes ____ No ____

Please state the subject area. _____

• Will the course facilitate achievement of:

➤ *District goals?* _____

Please explain

➤ *Job Target goals?* _____

Please explain

➤ *Professional goals?* _____

Please explain

BUILDING LEVEL IN-SERVICE TEAM APPROVAL

Approval recommended: _____

Approval **not** recommended: _____

Explanation:

Date

Team Representative Signature

SUPERINTENDENT APPROVAL

Approval recommended: _____

Approval **not** recommended: _____

Explanation:

Date

Superintendent Signature

