

PROFESSIONAL GROWTH APPLICATION AND VERIFICATION FORM
CONOTTON VALLEY UNION LOCAL SCHOOL DISTRICT

INSTRUCTIONS:

Fill out the **APPLICATION** section completely then send both copies to Superintendent for action. The top copy will be returned to you. Send the top copy back to Superintendent for verification after course has been completed.

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APPLICATION:

DATE SUBMITTED: _____

Name of Applicant: _____

Circle School: Bow Sher CVHS

Title of course to be taken: _____

College or university offering above course: _____

Credit hours of course: _____

Type of hours: SEMESTER QUARTER

Date course to be taken: _____

To help establish if this course "has a relationship to the skills the employee uses in his/her employment in the district", please provide the following information:

1. Is this course part of a planned degree program? _____
 2. Department within college/university offering course: _____
 3. Does this course relate to the skills you use in your employment _____ How? _____
- _____

APPLICANT'S SIGNATURE _____

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SUPERINTENDENT'S ACTION:

DATE ACTED UPON: _____

- 1. Course approved for reimbursement.
- 2. Course not approved for reimbursement.

SUPERINTENDENT'S SIGNATURE _____

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VERIFICATION:

DATE SUBMITTED: _____

Date course was completed: _____

Credit hours earned: _____

Quarter or semester hours: _____

Total tuition you paid: _____

Grade received: _____

• ATTACH YOUR TRANSCRIPT AND TUITION PAYMENT RECEIPT •

APPLICANT'S SIGNATURE _____

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PAYMENT:

DATE SUBMITTED TO TREASURER: _____

Amount to be reimbursed: _____

Superintendent's approval: _____

Treasurer's approval: _____