

**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:**

Name of Applicant: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
Circle School:      CVE      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.
- 3. Course approved for premium reimbursement

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

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**VERIFICATION:**

Date course was completed: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
Total tuition you paid: \_\_\_\_\_ Credit hours earned: \_\_\_\_\_  
Quarter or semester hours: \_\_\_\_\_  
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: \_\_\_\_\_