

Eastland School District 308

ADDITIONAL TRAINING REQUEST FORM

Teacher's Name

Date

College or University

Course Name & #

Semester Hours

Is this part of pre-approved Master Program: **Y / N**
(if NO, the course must be pre-approved)

Placement on Salary Schedule after this course: _____

Cost of Tuition: _____

Date class ends: _____

Amount of Reimbursement Request: _____

Brief description of course.

All courses should be pre-approved individually or as part of a Masters Program list (see *Masters Program Request Form*). Reimbursement will be made after the class is completed with a B or above grade (or Pass if applicable), at the current per credit hour as noted in the Teacher Contract (**3.8, Professional Reimbursement**), and when proof of tuition cost (excluding any fees such as technology fee) and Official Transcripts are received by the District Office.

Teacher's Signature

Superintendent's Signature

Approval Date