



CLASS REGISTRATION FORM – PROFESSIONAL STAFF DEVELOPMENT

Name	Current Position	Location/School
Address	City	Zip

Endorsement(s) _____ _____ _____ _____	Reason for taking this class: <input type="checkbox"/> License recertification <input type="checkbox"/> To obtain an additional endorsement _____ <input type="checkbox"/> Supervisor/principal request <input type="checkbox"/> Other (please attached a detailed reason with principal/supervisor approval)
---	---

College Credit (Option #1) – You are responsible for registering for the class/course. Reimbursement will be provided once you have satisfactorily completed the course, submitted the “Request for Reimbursement” form, and provided transcripts and verification of tuition payment.

Course Name and Number (ex. EDSE 501: Introduction to Special Education)

Instructor	University/College	Dates (start - end)	Cost

Supervisor/Principal approval of course: _____ Date _____

This form must be submitted for approval of tuition reimbursement prior to the start date of the class/course. **Reimbursement may not be available without prior approval.**
Return completed form to: *Dr. Michael Loso, Assistant Superintendent, Central Office*

(FOR OFFICE USE)

Approval for Reimbursement _____ Date _____

Account # _____ Amount _____

Fund 22 Fund 54 Description _____

Revised 6/13/2012