

SANBORN REGIONAL SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT OF SCHOOLS

PROFESSIONAL ADVANCEMENT APPROVAL AND PAYMENT REQUEST

**To be completed by staff member and submitted to principal for approval.
Forward to the SAU office prior to course with registration form verifying
“cost per credit hour” for tuition paid.**

NAME _____ SCHOOL _____

TITLE & NUMBER OF COURSE _____

EDUCATIONAL INSTITUTION _____

SEMESTER _____ NUMBER OF CREDITS _____ COST PER CREDIT \$ _____

Note: Rate of reimbursement to be based on UNH cost per credit hour

I understand that should I not return as noted in Article 23.2 of the SREA agreement, I hereby authorize the SRSD to withhold from unpaid wages, the amount needed to reimburse the district for the cost of this course.

Signature _____

Staff Member

To be completed by principal and SAU office prior to course.

Course Approved for Reimbursement: Full Payment _____ Pro-rated _____

Date Approved _____ Signature _____

Principal

Date Approved _____ Signature _____

Superintendent of Schools

To be completed by staff member and submitted to the SAU office within 90 days of course completion and prior to July 1 with grade report.

COURSE GRADE _____ CREDITS EARNED _____ COST PER CREDIT _____

UNDERGRADUATE COURSE _____ GRADUATE COURSE _____

To be completed by SAU Office

Approved for reimbursement in the amount of \$ _____

Date _____

Signature _____

Superintendent of Schools