

Hampden-Wilbraham Regional School District
Office of the Superintendent

Approval of Professional Improvement Courses

Date _____

Name _____

Position _____

School _____

Phone _____

Home Address _____

Home Phone _____

Please indicate if this course applies to a graduate program and how it pertains to your teaching.
A COURSE DESCRIPTION MUST BE ATTACHED.

Yes, applies to graduate program. _____

Course Information

1) Title and Course Number _____

2) College or University _____

3) Dates of Course *from* _____ *to* _____

4) Hours of Course *from* _____ *to* _____

5) Cost per Credit _____ **Number of Credits** _____

A grade report and proof of payment must be submitted to the Superintendent's Office at the conclusion of the course.

Teacher's Signature

Date

Principal's Signature

Date

Superintendent/Designee

Date

Office Use Only

Date Received: _____ **Date Processed:** _____ **Amount of Reimbursement:** _____