MARGARETTA LOCAL SCHOOLS
APPLICATION FOR PROFESSIONAL DEVELOPMENT REIMBURSEMENT
(Submit in triplicate to the Superintendent's Office)

NAME _____ DATE _____

BUILDING _____ AREA OF CERTIFICATION _____

COLLEGE OR UNIVERSITY _____

COURSE TITLE _____ COURSE # _____

COURSE START DATE _____ COURSE ENDING DATE _____

NUMBER OF HOURS _____ TOTAL TUITION $ _____

(check one) ___ Quarter hrs.   ___ Semester hrs.

Attach a copy of the course description or briefly describe the course below:

_____

_____

_____

Teacher's Signature _____   Date _____

Principal's Signature _____   Date _____

UPON SUCCESSFUL COMPLETION OF THE COURSE, RETURN A COPY OF THIS FORM TO THE TREASURER'S OFFICE WITH YOUR TUITION RECEIPT FOR PAYMENT AND AN OFFICIAL TRANSCRIPT.

Refer to page 48, Article XLVIII., Professional Development Fund.

_____ **APPROVED**   Superintendent's Signature _____

_____ **NOT APPROVED**   Date _____

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To be completed by the Treasurer after June 30.

Approved reimbursement total for the year (July 1 through June 30): $ _____

Treasurer's Signature _____ Date _____

NOTE: If this course is canceled or not completed, please notify the Treasurer's Office.