

**RSU No. 5 DURHAM - FREEPORT - POWNAL
PROFESSIONAL COURSE REQUEST**

Name: _____ Date: _____

RSU5 Grade/subject
Assignment _____ FHS FMS MLS MSS DCS PES

I hereby request the following courses for reimbursement/pre-payment purposes which I plan to take during the _____ School year.

Are courses for a credit leading to a degree? Yes No

Name of Diploma/Degree: _____

Major Field of Study: _____

School/ University Name	Course #	Course Title	Course Begins (mm/yy)	Course Ends (mm/yy)	Number of Credits	* Cost per Credit

Total Credits:

Please note, that you need to submit proof of registration before receiving your reimbursement. Transcript must be sent to HR within 30 days of completion of your class. I hereby authorize RSU5 to deduct from my pay in accordance with the Article 14. C. to reimburse RSU5 if I obtain less than a B.

(Employee's Signature)

(Supervisor's Signature)

PLEASE SUBMIT TO CENTRAL OFFICE BY FEBRUARY 1ST.

Approved: _____
(Superintendent's Signature)

- *Reimbursement/pre-payment will be paid at the USM rate with Proof of registration.
- *Compensation will only be provided for per-approved courses
- *Fees not included
- *The educator must provide documentation of their grade within one months (30 days) of the end of the course. Failure to provide documentation or attain a grade of "B" or better will require the educator to reimburse the District.