Neenah Joint School District

APPLICATION FOR APPROVAL OF PROFESSIONAL GROWTH
(This completed application is to be submitted to your Building Principal prior to taking the course)

EMPLOYEE NAME: _____

                      (Last Name)   (First Name)   (Middle Initial)

SCHOOL: _____ ASSIGNMENT: _____

COURSE NAME AND NUMBER	NUMBER OF GRADUATE CREDITS	NUMBER OF UNDERGRADUATE CREDITS	COURSE START DATE	COURSE END DATE

NAME OF COLLEGE OR UNIVERSITY: _____

LOCATION OF ACTIVITY: _____

HOW DOES THIS COURSE APPLY TO YOUR PROFESSIONAL GROWTH? _____

_____

_____

SIGNED: _____ DATE: _____

              (Staff Member)

> IF YOU WILL BE REQUESTING REIMBURSEMENT FOR ANY OF THESE COURSES, EVIDENCE OF COMPLETION WILL BE REQUIRED (TRANSCRIPT, CERTIFICATE, WRITTEN REPORT). REIMBURSEMENT MUST BE INITIATED BY THE EMPLOYEE BY COMPLETING A "PROFESSIONAL GROWTH REIMBURSEMENT FORM" (PG-3). ONLY CREDITS AWARDED BY A DEGREE-GRANTING INSTITUTION AND APPROVED BY THE WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION FOR LICENSE RENEWAL WILL BE APPROVED.

☐ RECOMMENDED FOR APPROVAL

☐ NOT RECOMMENDED FOR APPROVAL

                                    BY: _____

                                           (Building Principal)   (Date)

COMMENTS: _____

_____

☐ REQUEST APPROVED

☐ REQUEST DISAPPROVED

                                    BY: _____

                                           (Director or Designee)   (Date)

White – Employee Copy   Yellow – Personnel File Copy   Pink – Principal Copy   Gold – Dept Chairperson Copy

Form PG-2 (04/08)