

IRSD PROFESSIONAL GROWTH APPLICATION

This form must be completed in its **entirety** by the staff person requesting course approval. This form will be used for all courses (graduate, undergraduate) or any other activity, which would result in the applicant's receiving credit and/or salary upgrade.

Name _____

School Email Address: _____

Building _____ Position: _____
(Administrator, Teacher, Paraprofessional, Secretary, Custodian)

Current Assignment _____

Date of Application _____

Date Course Will Be Taken _____
Start _____ End _____ Approx. Date Grade Available _____

Is this course part of an approved program of study such as towards completion of a Masters Degree, Doctoral Degree or other approved course of study? Yes _____ No _____.

If the answer is Yes, please list the degree program or course of study you are pursuing.

Course Name _____

Course Number _____ College or Offering Institution _____

Number of Credits _____ Total Cost of Course _____

Please describe how the above course is relevant to your assignment and how completion of the course will be advantageous in carrying out your assignment.

Are you planning to submit for a Course Reimbursement? If so, please check which one below:

_____ Summer/Fall
(Due December)

_____ Winter/Spring
(Due May)

It is the responsibility of the Employee to check the Deeds Website to confirm that the College or University is accredited by DDOE. Approval of the class does not in any way indicate an approval for accreditation by DDOE.

Approved _____	Not Approved _____
_____ Director of Personnel	_____ Date

Appealed to Superintendent: Granted _____	Not Granted _____
_____ Superintendent	_____ Date