INDIAN RIVER SCHOOL DISTRICT COURSE REIMBURSEMENT PROCEDURES

A.

1. IRSD Professional Growth Application Form -

- These form(s) are completed and approval received prior to the start of class.
- Refer to the IRSD Professional Growth Application and Procedures documents.
- This information can be found at: www.IRSD.net Staff Forms & Documents
 Attach APPROVED form(s) to your Course Reimbursement Packet.

2. Complete Personal Expense Reimbursement Form

- This form can be found at <u>www.IRSD.net</u> Staff Forms & Documents-Personal Reimbursement Form-Download- Fill in and Save.
- Place all classes on one page. Only send ONE Personal Expense
 Reimbursement Form. (Unless you have so many classes, they do not fit on one
 page. If this is the case start page two (2) and list one (1) of two (2) at top right
 corner on page one (1), page two (2) should have two (2) of two (2.)
- Write in the upper right-hand corner your position: Administrator, Teacher, Nurses, Paraprofessional, Secretary, or Custodian.
- Vendor Number- See your school's Financial Secretary or email me we can help. This number is not your employee ID number.
- If you need to set up a <u>new</u> vendor number/supplier number, log onto:
 - https://esupplier.erp.delaware.gov
- Click On: User Registration Supplier-Register New-Employee
- Phone number for vendor assistance: 302-526-5600
- <u>Inactive, Change Current Name, Address and Banking Information</u> –Vendor number is inactive and/or active and you need to change your name, address or banking information.
 - The easiest solution is to call the vendor assistance number:
 - **302-526-5600**
 - Email: FSF Supplier Maintenance@Delaware.gov
- Sign and Date form -under "Employee Certification" Block-upper right corner
- · Beginning and End Dates for each class-under "travel dates"
- Name of College (under "reason for travel")
- Name of Class, number of credits, class number (under "expense description")
- Amount: Leave Blank I will fill in the amount allotted for each staff member.

3. Provide:

<u>Official</u> or <u>Unofficial</u> Transcript for grade(s). Make sure your name and student id number are part of the transcript. Do not send grade slips.

4. Provide:

- a. Statement/Invoice from College showing breakdown of tuition, fees, scholarships, and miscellaneous charges for the fall, winter, spring or summer session.
- b. Attached is a "Sample Copy" of the American College of Education, University of Delaware, Wilmington University and Western Governors University's required documents for each packet.

Updated 8/9/23 Page 1

INDIAN RIVER SCHOOL DISTRICT COURSE REIMBURSEMENT PROCEDURES

B. Make two (2) copies of the above four (4) documents. Make sure that the copies are <u>not</u> two (2) sided.

C. Assemble each packet in the following order:

- 1. Personal Expense Reimbursement Document
- IRSD Professional Growth Application Form Document Approved and signed by Celeste Bunting
- 3. Official or Unofficial Transcript
- 4. Statement/ Invoice from College

You should have three (3) packets with four (4) documents in each.

Send two (2) packets to Maureen Nicholson, Personnel Department, IREC.

Keep one packet for your files.

**I will accept documents through email provided:

- a. documents are in PDF format only
- b. please do not take a picture and send they do not print and rescan through our payment process.

Do not wait until the last day to send your packets. Send them as soon as you have, your approved Professional Growth Application Form(s), paid for your classes, and can complete the Personal Expense Reimbursement Form. Send to Maureen Nicholson.

D. The deadline for packets to be received on Maureen's desk:

Summer/Fall class packets will be due December 4, 2023.

- 1. Include classes ending December 31, 2023.
- 2. Grades will be due the week of January 8, 2024.

Winter/Spring class packets will be due no later than May 1, 2024.

- 1. Include any classes which grades will be available by June 1, 2024.
- 2. Grades will be due to me no later than June 1, 2024.

I know you will not have your grade when the packets are due. Place a sticky note on the front-page letting Maureen know when the grade will be available. Grades (unofficial or official transcript) can be sent via email to: Maureen.nicholson@irsd.k12.de.us.

Please email me if you have any questions on how to complete the IRSD Course Reimbursement.

Updated 8/9/23 Page 2

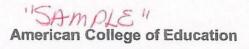


Teacher

								EMP	LOYEE	NFOR	MATION						7.07	
VENDOR ID	D#	123457					INS		EMPLOYEE CERTIFICATION A I do solemnly swear that the below mentioned expenses were incurred as a necessar									
EMPLOYEE NAME AND ADDRESS INFORMATI	ION		th line Street wn, DE 199	com and the rece	or exper form mu eipts of in	ersonal Expenses the emposes the emposes the emposes the contract of the expenses are the e	to actual exp nse Reimburs bloyee incurred detailed desi nses and daily S ON THIS FO	ement form d. If the form cription and tabulation o	and receipt is submit reason for finileage.	ots are re	equired for avel reimbu	all items	expenditure this form are	enses were incurred that the representation DATE tures are not accept	ons contained in			
		Т	RAVEL INFO	ORMATION	1			TRANSPORTATION AND ACCOMMODATIONS						MEALS	required. S		ELLANEOUS EX	
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11/09/20 1	American College of Education															and Ass	ech for Learning sessment - 3 credits	\$
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STATE																		
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PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropri	ation A	ccount	Program	Sch	nool Code	PC B	U	Project		Activity
INV Line	Descript	ion				Extended /	Amount					Catego	ory Code	Ship To				
PO#	Line#	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropri	ation A	ccount	Program	Sch	nool Code	PC B	U	Project		Activity
INV Line	Descript	ion				Extended	Amount	Cateo					ory Code	Ship To				

Name	Mary Smit	h	····	
School	Email Addres	s: Mary.Smith@irsd	l.k12.de.us	
Buildin	g IREC		Position: Teach	er
				rator, Teacher, Paraprofessional, Secretary, Custodian)
Current	Assignment	What current posit	tion do you hold	today, i.e. 1st grade, Math, etc.
Date of	Application	Today's date		
Date Co	ourse Will Be	Taken <u>11/09/20</u>	12/13/20	12/28/20
		Start	End	Approx. Date Grade Available
Is this c Doctora	ourse part of all Degree or or	an approved program of ther approved course of	study such as towe study? Yes X	ards completion of a Masters Degree,No
If the ar	swer is Yes,	olease list the degree pro	ogram or course of	study you are pursuing.
Maste	r's in Educa	tional Technology		
Course	Name Techr	nology for Learning a	and Assessmer	nt
Course 1	Number ET	Colleg	ge or Offering Inst	American Coll of Ed
Number	of Credits 3	Tota	l Cost of Course	825.00
will be a	advantageous	in carrying out your assi	ignment.	nent and how completion of the course my knowledge and help student
	planning to s	ubmit for a Course Reim Summer/Fall (Due December)		If so, please check which one below: Vinter/Spring (Due May)
Employ	ee to check tl	ne Deeds	Approved	Not Approved_
	to confirm t		(1)	
	E. Approval	is accredited of the class	Director of	of Personnel Date
does not	in any way i	ndicate an		54.0
ipprova '	i for accredit	ation by DDOE.		
	Appe	aled to Superintendent:	Granted	Not Granted
		Superintendent		Date

Name Mary Smith
School Email Address: Mary.Smith@irsd.k12.de.us
Building IREC Position: Teacher
(Administrator, Teacher, Paraprofessional, Secretary, Custodian)
Current Assignment What current position do you hold today, i.e. 1st grade, Math, etc.
Date of Application Today's date
Date Course Will Be Taken <u>09/28/20</u> <u>11/01/20</u> 11/15/20
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 X No
If the answer is Yes, please list the degree program or course of study you are pursuing.
Master's in Educational Technology
Course Name Practices for Evaluating Technological Resources
Course Number ET 5023 College or Offering Institution American Coll of Ed
Number of Credits 3 Total Cost of Course \$825.00
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. This program will help me in the classroom to further my knowledge and help students.
Are you planning to submit for a Course Reimbursement? If so, please check which one below:
X Summer/Fall 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



Unofficial Transcript

101 West Ohio Street Suite 1200 Indianapolis, IN 46204

www.ace.edu

Student:						DOB	DOB:		9/28/2020	Studen	t GPA: 4	.00
Course Code	Course Description	Attempted	Credits (Grade	Quality Points	Course Code	Course Description		Credits Attempted	Credits Earned	Grade	Quality Points
Program: Enrollment #: Start Date:	M.Ed. in Educational Technology 09/28/20	Status: /	Active									
Term: 20SEP28 ET5023	September 28, 2020 Practices for Evaluating Technological Resources	3.00	3.00	A 11/0	12.00							
Term GPA: 4	4.00 Cum GPA: 4.00	3.00	3.00		12.00							
Term: 20NOV09 ET5033	November 09, 2020 Technology for Learning and Assessment	3,00	/09/20 3.00	A 12/1:	3/20 12.00							
Term GPA:	4.00 Cum GPA: 4.00	3.00	3.00		12.00							
M.Ed. in Educat	ional Technology GPA: 4.0 Digital Learning and Teaching	0	6.00	6.0	0							
	*** End of Transcript	***										

ISAMPLE"



Payment Receipt

School Name School Phone

Student Number Student Name

Student Address

United States

800-280-0307

Student Phone #

Program Name Term Term Start

Term End Receipt Created M.Ed. in Educational Technology

American College of Education

November 09, 2020

Monday, November 9, 2020 Sunday, December 13, 2020

Thursday, November 19, 2020 2:15:41 PM

Date	Payment	Payment Type	Charge	Term Balance	Check #	Receipt #	Descrip tion
10/20/2020		l.	\$705.00	\$705.00			Tuition
10/20/2020			\$120.00	\$825.00			Technology and
10/20/2020	\$41.66			(\$783.34)			Library Fee Internal Scholarship
11/4/2020	\$783.34	Credit Card		\$0.00			Payment on

If you have questions please contact Student Services at support@ace.edu or 800-280-0307 Opt 1.

Course Code	Credit Hours	Descripton
ET5033	3.00	Technology for Learning and Assessment



Payment Receipt

School Name

School Phone

Student Number Student Name

Student Address

United States

800-280-0307

Student Phone #

Program Name

Term

Term Start Term End

Receipt Created

M.Ed. in Educational Technology

American College of Education

September 28, 2020

Monday, September 28, 2020 Sunday, November 1, 2020

Thursday, November 19, 2020 2:15:41 PM

Date	Payment	Payment Type	Charge	Term Balance	Check #	Receipt #	Descrip tion
9/8/2020		i	\$705.00	\$705.00			Tultion
9/8/2020			\$120.00	\$825.00			Technology and Library Fee
9/8/2020	\$41.66			(\$783.34)			Internal Scholarship
9/25/2020	\$783.34	Credit Card		\$0.00			Payment on Account

If you have questions please contact Student Services at support@ace.edu or 800-280-0307 Opt 1.

Course Code	Credit Hours	Descripton
ET5023	3.00	Practices for Evaluating Technological Resources



VENDOR ID#

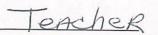
123456

STATE OF DELAWARE Personal Expense Reimbursement

EMPLOYEE INFORMATION

INSTRUCTIONS

Extended Amount



EMPLOYEE CERTIFICATION

EMPLOYEE NAME AND ADDRESS INFORMATIO	ON	Sally Jone 12345 Be Millsboro,		and/ the rece	olete Per or expen orm mus ipts of inc	sonal Expenses the emploit include a curred expense	to actual exp se Reimburse oyee incurred detailed desc ses and daily t ON THIS FOR	ement form a l. If the form inption and labulation of	and receip is submitt reason to mileage.	ots are rited for tr	equired for avel reimbu	all items rsement,	expenditure in the conduct of state business and that the representations contained to this form are true and correct.							
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TRAVEL DATES DESCRIPTIO						SCRIPTION AND/OR ASON FOR TRAVEL		AUTO _	RAIL	T.	AXI I	HOTEL	BREAKFAST		DINNER	EXPENSE DESCRIPTION		AMOUNT		
						ersity of De	elaware									EDUC 6 Assessmen	08 Literacy t & Instruction I Credits	S		
0/19/20 12	University of Delaware					elaware									Assessmen	09 Literacy it & Instruction Credits	* 445			
GRAND TOTAL ILEAGE	0.00	@ \$0.	40\$0	0.00				0.00	\$0.00	SC	0.00	50.00	\$0.00	\$0.00	\$0.00			s		
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Business Unit		Voucher	ID (system as	signed)				Invoice I	D			Invo	ice Date	Good	ds Received	Date	Voucher /	Amount		
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PO#	Line #	DIST #	Amount	Bud Rel	Fund	DEPT ID	Oper Unit	Appropria	tion Ac	ccount	Program	Scho	ool Code	PC BL		Project	^	ctivity		
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PO#	Line #	DIST #	Amount	Bud Rel	Fund	DEPT ID	Oper Unit	Appropria	tion Ac	ccount	Program	Scho	ool Code	PC BL		Project	^	clivity		

Category Code

Ship To

Description

INV Line

Name	Sally Jone	es		
School E	Email Addre	ss: Sally.Jones@ir	sd.k12.de.us	
Building	LB_		Position: Teache	r
			(Administr	ator, Teacher, Paraprofessional, Secretary, Custodian)
Current .	Assignment	3rd Grade		
	_	August 1, 2020		
	• •	Taken 9/1/20	10/16/20	40/06/00
Date Co.	uise Will De	Start	<u>10/16/20</u> End	10/26/20 Approx. Date Grade Available
				• •
Is this co Doctoral	ourse part of Degree or o	an approved program ther approved course	of study such as towa	rds completion of a Masters Degree,
				
If the ans	swer is Yes,	please list the degree	program or course of	study you are pursuing.
Master	s of Litera	су		
Course N	Name Litera	acy Assessment a	nd Instruction I	
Course N	Number_UD	UC 608 Co	llege or Offering Insti	tution University of Delaware
		3 _{To}	_	
		the above course is rel in carrying out your a		nent and how completion of the course
The co	urse focus	ses on effective lite	eracy assessment	and instruction in phonemic
aware	ness, phoi	nics, spelling and f	luency.	
Are you		submit for a Course R		If so, please check which one below:
	<u>X</u>	Summer/Fall (Due December)	W	/inter/Spring (Due May)
Employe Website College by DDO does not	E. Approv	the Deeds	Approved	Not Approved
	Арр	pealed to Superintende	nt: Granted	Not Granted
		Superintende	ent	Date

Name	Sally Jone	es			
School 1	Email Addres	ss: Sally.Jones@irsd	.k12.de.us		
Building	g <u>LB</u>		Position: Teache	Э Г	
				trator. Teacher. Paraprofessional.	Secretary, Custodian)
Current	Assignment	3rd Grade			
Date of	Application	August 1, 2020			
Date Co	ourse Will Be	Taken 10/19/20	12/11/20	12/18/20	
		Start	End	Approx. Date	Grade Available
ls this co	ourse part of al Degree or o	an approved program of ther approved course of	study such as tow study? Yes ×	ards completion of a	Masters Degree,
if the an	nswer is Yes,	please list the degree pro	gram or course of	study you are pursui	ng.
	rs of Litera				
Course 1	Name Litera	acy Assessment and	Instruction II		
Course 1	Number UD	UC 609 Colleg	ge or Offering Inst	itution University	of Delaware
Number	of Credits	Total	Cost of Course	\$2,091.00	
Please d will be a	lescribe how advantageous	the above course is releve in carrying out your assi	ant to your assign gnment.	ment and how comple	etion of the course
The co	ourse focus	ses on effective litera	cy assessment	and instruction in	1
comp	rehension,	vocabulary, writing, r	motivation and	strategies.	
Are you	planning to	submit for a Course Rein	nbursement?	If so, please check w	hich one below:
	<u>x</u>	Summer/Fall (Due December)		Winter/Spring (Due May)	
Employ	responsibili ee to check to to confirm	he Deeds	Approved_	Not Ap	proved
College	or Universit	y is accredited	CtB		8-3-20
by DDC	DE. Approva	il of the class	Director	of Personnel	Date
	t in any way al for accred	indicate an itation by DDOE.	<u> </u>		
İ	Арр	ealed to Superintendent:	Granted	Not Granted _	
		Superintendent		Date	····



Unofficial Academic Record

Sally Jones - ID#

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SUPERVISED READING CLINIC II

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Attempted 6.000

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2021 Spr
Education & Human Development
Literacy Master of Education

Master's R

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Earned 6,000 6,000 0,000

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Torm GPA

4,000 Term Totals

EDUC EDUC

LITERACY ASSESSMNT/INSTRUCT I

Attensed the Earned the Grade Quality Pts
3,000 3,000 A 12,000
3,000 A 12,000

Pages

2020 Fall Education & Human Development Literacy Manter of Education



My Finances

Account Activity

If you have questions regarding your student account or using the My Finances system, please contact Student Financial Services online at askSFS.

Student name: Sally Jones

Current balance Thursday, Dec 3, 2020 10:25 AM information as of:

Balance	Pending Financial Aid	Total Due
-\$2.00	\$0.00	-\$2.00

Activity Summary"

Date	Description	Term	Charges	Payments/ Credits
11-03-20	Federal Direct Unsub - TLMED	2020 Fall		(2,810.00)
10-01-20	Payment - ACH	2020 Fall		(30.00)
08-30-20	Installment Payment Plan Fee	2020 Fall	50.00	THE EAST AND ASSOCIATION OF
08-28-20	Payment - ACH	2020 Fall	A SET BASIL AND RAIS AND RAIS	(1,394.00)
08-19-20	Tuition Graduate Resident EdPP	2020 Fall	4,182.00	~
Term tota	1: (\$2.00)	1	4,232.00	(4,234.00)

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4,182.+

2 ·= Classes

2:091:00*

0 40



Teacher

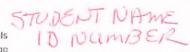
								EMPL	OYEE IN	FORMAT	ION								
VENDOR	ID#	123456							EMPLOYEE CERTIFICATION										
NAME AN ADDRESS INFORMA	complete Personal Expense Reimbursement form and receipts are required for all items and/or expenses the employee incurred. If the form is submitted for travel reimbursement,											ems exp	penditure	enditure in the conduct of state business and that the representations contained in form are true and correct. EMPLOYEE SIGNATURE AND DATE					
		Willio Boro	, DL 10000	AL	L EMPLO	YEE FIELDS	ON THIS FO	RM ARE RE	QUIRED.			(A	ctual sign				itures are not accep	ted.)	
TRAVEL INFORMATION									TRANSPORTATION AND							NEOUS EXPENSES			
TRAVEL (SINGLE OF LEAVE R		E) TR	AVEL DESTIN	ATION TO		SCRIPTION A ASON FOR T		AUTO _	RAIL PLANE	TAXI	НОТЕ		EAKFAST	LUNCH	SALE STATE DESCRIPTION				
08/31/20	10/19/20				Wi	mington Un	iversity	MILLO	T EATT	500	MOTE	- DILL	LANTAGI	LONGIT	DINIER	MRD 6203 Brain-based Reading Instruction - 3 Credits			
10/26/20	12/13/20				Wi	mington Un	iversity						MRD 6204 Phonemic Awareness and Auditory Processing - 3 Credits					S	
GRAND TOTAL WILEAGE —	0.00	@ \$0	.40\$	0.00		onimuuniaa O <mark>jimuu</mark> nieoda		0.00	\$0.00	\$0.00	\$0.00	0 \$	\$0.00	\$0.00	\$0.00		инневолиненовке Сикурналивани	\$	
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Business Unit		Vouche	r ID (system as	ssigned)				Invoice II)			Invoice D	Date	Goo	ds Received	Date	Voucher	Amount	
STATE																			
INV Line	Descrip	tion				Extended	Amount				C	ategory C	Code	Ship To					
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriat	ion Acc	ount Pro	gram	School Co	ode	PC B	U	Project		Activity	
INV Line	Descripti	on				Extended Amount Category Code Ship To													
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropriat	ion Acco	ount Pro	gram	School Co	ode	PC BI	U	Project		Activity	
INV Line	Descripti	on				Extended A	mount				Ca	ategory Co	ode :	Ship To					

Name Sally Jones
School Email Address: Sally.Jones@irsd.k12.de.us
Building IREC Position: Teacher
(Administrator, Teacher, Paraprofessional, Secretary, Custodian)
Current Assignment What current position do you hold today, i.e. 1st grade, Math, etc.
Date of Application Today's date
Date Course Will Be Taken <u>08/31/20</u> 10/19/20 11/1/20
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 XNo
If the answer is Yes, please list the degree program or course of study you are pursuing.
Master of Education
Course Name Brain-based Reading Instruction
Course Number MRD 6203 College or Offering Institution Wilmington Univ
Number of Credits 3 Total Cost of Course \$1,464.00
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. This course explores brain-based reading strategies and focuses on designing
instruction.
Are you planning to submit for a Course Reimbursement? If so, please check which one below:
X Summer/Fall Winter/Spring (Due December) (Due May)
It is the responsibility of the Employee to check the Deeds Approved Not Approved
Website to confirm that the
College or University is accredited by DDOE. Approval of the class Director of Personnel Date
does not in any way indicate an
approval for accreditation by DDOE.
Appealed to Superintendent: Granted Not Granted
Superintendent Date

Name Sally Jones	
School Email Address: Sally.Jones@irsd	.k12.de.us
Building IREC	Position: Teacher
	(Administrator, Teacher, Paraprofessional, Secretary, Custodian)
Current Assignment What current positi	on do you hold today, i.e. 1st grade, Math, etc.
Date of Application Today's date	
Date Course Will Be Taken 10/26/20	12/13/20 12/28/20
Start	End Approx. Date Grade Available
s this course part of an approved program of a Doctoral Degree or other approved course of s	study such as towards completion of a Masters Degree, study? Yes XNo
f the answer is Yes, please list the degree pro	gram or course of study you are pursuing.
Master of Education	
Course Name Phonemic Awareness and	d Auditory Processing
Course Number MRD 6204 Colleg	ge or Offering Institution Wilmington Univ
Number of Credits 3 Total	Cost of Course \$1,464.00
will be advantageous in carrying out your assi	ant to your assignment and how completion of the course gnment. word attack skills and their relationship to the
listening process.	
Are you planning to submit for a Course Rein	nbursement? If so, please check which one below:
X Summer/Fall	Winter/Spring
(Due December)	(Due May)
t is the responsibility of the	SAMPIE"
Employee to check the Deeds	Approved Not Approved
Website to confirm that the	
College or University is accredited	Celeste Bunting 10-102
by DDOE. Approval of the class	Director of Personnel Date
loes not in any way indicate an approval for accreditation by DDOE.	
Appealed to Superintendent:	Granted Not Granted
Superintendent	Date



Account Detail for Term



Review detail transactions on your account, including current and future balance totals for the selected term and other terms. Scroll down to the bottom of the page to change the the term.

202110 Fall 2020 Term Detail

Detail Code	Description	Charge	Payment	Balance
F011	Registration Fee	\$25.00	1	
TV21	Tui Online GR	\$2,928.00	1	
CCWP	OnUne Credit Card Payment		\$2,953,00	
	Net Term Balance			\$0.00
	Current Balance for Othe	r Terms:		-\$1,489.00
	Future Balance for Other	Terms:		\$1,489.00
	Account Balance:			\$0.00

F.

No Authorized Financial Aid exists on your record for the selected term.

Select Another Term Statement and Payment History

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RELEASE: 8.7.1 SITE MAP



Academic Transcript



This is NOT an official Wilmington University transcript. This document is provided directly from the student's online account. Courses which are in progress may also be included on this transcript. If you require an official transcript please log into myWilmU to order an official transcript or visit https://www.wilmu.edu/registrar/

Transfer Credit Institution Credit Transcript Totals Courses in Progress

Transcript Data

STUDENT INFORMATION

Birth Date:

Curriculum Information

Current Program

Master of Education

Major:

Instruction

Major Concentration:

Teacher of Reading

***Transcript type:WEB is NOT Official ***

Unofficial Transcript

Term: Fall 2020

Subject	Course	Level	Title				Grade	Credit Hours	Quality Points	R
MRD	6203	GR	Brain-based	Read Instruct	ion		A	3.000	12.00	
MRD	6204	GR	Phonemic A	ware Auditoryl	Process		A	3,000	12,00	
Term Tot	als (Grad	duate)								
				Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA	
Current T	erm:			6.000	6.000	6.000	6.000	24.00		4.00
Cumulativ	ve:			12.000	12.000	12.000	12.000	48.00		4.00

Unofficial Transcript

TRANSCRIPT TOTALS (GRADUATE)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA	
Total Institution:	12.000	12.000	12.000	12.000	48.00		4.00
Total Transfer:	12.000	12.000	12.000	0.000	0.00		0.00
Overall:	24.000	24.000	24.000	12.000	48.00		4.00

-Top-

Unofficial Transcript

COURSES IN PROGRESS

-Top-

Term: Spring 2023

Subject	Course	Level	Title
MRD	6202	GR	Found

Credit Hours

3.000

6202

GR

Foundations of Reading



STATE OF DELAWARE Personal Expense Reimbursement

1 of 2

SAMPLE

						N. 1		EMPL	OYEE IN	FORM	ATION									
VENDOR I	DOR ID# 000012345 INSTRUCTIONS												EMPLOYEE CERTIFICATION							
EMPLOYE NAME AN ADDRESS INFORMA	D		bott Street	cor and the	mplete Pe d/or exper e form mu	ersonal Expenses the emplest include a	to actual exp nse Reimburse ployee incurred detailed deso nses and daily	ement form a d. If the form cription and r	ind receipts is submitted reason for t	are req	uired for al	II items sement,	expenditure	I do solemnly swear that the below mentioned expenses were incurred as a necess expenditure in the conduct of state business and that the representations contained this form are true and correct. SALLY JONES 12/1/21						
		Ocean Vie	ew, DE 199	9/U AL	L EMPLO	YEE FIELDS	ON THIS FO	RM ARE REC	QUIRED.				(Actual sig				RE AND DATE atures are not acces	ated)		
TRAVEL INFORMATION									RANSPOR ACCOMM				(Actual sig	MEALS	required. c		CELLANEOUS EX			
(SINGLE OR	TRAVEL DATES INGLE OR MULTIPLE) TRAVEL DESTINATION EAVE RETURN FROM TO				SCRIPTION ASON FOR T		AUTO _	RAIL PLANE				BREAKFAST	LUNCH	DINNER	EXPENS	E DESCRIPTION	AMOUNT			
	11/30/2		101	10	Wes	tern Govern	ors Univ	IVIILLO	TEANL	500	J IVI	OILL	DILLAKI ASI	LONGIT	DIMINER		19 - 2 Units	AWOONT		
															D027 - 3 Units					
					Tues															
						There :									D030 - 3 Units C920 - 2 Units					
										7 10	72					D028 - 3 Units				
												100		C918 - 2 Units						
ODAND														D029 - 3 Units						
GRAND TOTAL MILEAGE —	0.00	_ @ \$0.4	40\$	0.00		HIII HIII KARA		0.00	\$0.00	\$0.0	0 \$	0.00	\$0.00	\$0.00	\$0.00		amantentranuna Kommunanun	\$0.00		
				XII .				FISCAL	OFFICE I	NFOR	MATION	ı		no e e						
Business Unit		Voucher	ID (system as	ssigned)				Invoice II)			Invo	oice Date	Goo	ds Receive	d Date	Voucher	Amount		
STATE																				
INV Line	Descri	ption				Extended	Amount					Categ	jory Code	Ship To						
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriat	ion Acco	ount	Program	Sch	ool Code	PC BI	U	Project		Activity		
											3									
INV Line	Descrip	tion				Extended /	\ maunt					Catago	any Codo	Ship To						
IIV LINE	Descrip	lion		-		Extended	Amount					Catego	ory Code	Ship To						
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriat	ion Acco	ount	Program	Sch	ool Code	PC BI	U	Project		Activity		
INV Line	Descrip	tion				Extended A	Amount					Catego	ory Code	Ship To						
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropriati	ion Acco	ount	Program	Sch	ool Code	PC BI	U	Project		Activity		
																		2 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		

Form # AP003



STATE OF DELAWARE Personal Expense Reimbursement

EMPLOYEE INFORMATION

SAMPLE

VENDOR	D#	00001234	15				INS	STRUCTIONS					EMPLOYEE CERTIFICATION					
EMPLOYE NAME AN ADDRESS INFORMA	D	Sally Jone 12345 Ab Ocean Vi 19970	bott Street	cor and the rec	nplete Ped/or expension form muleipts of in	ersonal Expenses the empositions include a scurred expenses.	nse Reimburs doyee incurred detailed des ses and daily	penses incurred ement form and d. If the form is s cription and read tabulation of mile RM ARE REQUI	receipts are ubmitted for son for trave eage.	required for travel reimb	all items ursement,	ms expenditure in the conduct of state business and that the representations cornt, this form are true and correct.						
			RAVEL INFO	RMATIO	N				NSPORTA	TION AND		(Autuar sig	MEALS	required: 0		CELLANEOUS E		
(SINGLE OR						SCRIPTION A ASON FOR T		7.0.0	RAIL LANE	TAXI BUS	HOTEL MOTEL	BREAKFAST		DINNER		E DESCRIPTION	AMOUNT	
06/01/21	11/30/21				Wes	tern Govern	ors Univ								D02	6 - 2 Units		
															D02	4 - 2 Units		
GRAND TOTAL MILEAGE —	0.00	@ \$0.4	40\$	0.00		ennennennen Annennennen		0.00 \$	0.00	\$0.00	\$0.00	\$0.00 \$0.00 \$0.00					\$0.00	
								FISCAL OF				ψ0.00	ψο.σο	ψ0.00	7111111111111111	minimini manamana manamana manamana manamana manamana	ψ0.00	
Business Unit		Voucher	ID (system as	signed)				Invoice ID	I IOL IIII	ORMATIC		pice Date	Goo	ds Received	I Date	Voucher	Amount	
STATE																		
INV Line	Descrip	otion				Extended	Amount				Categ	ory Code	Ship To					
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropriation	Account	Program	Sch	ool Code	PC B	U	Project		Activity	
INV Line	Descript	ion				Extended A	mount				Catego	ory Code	Ship To					
niv Eno	Везепри	1011				Exterioca /	anount				Catego	ory Code	Ship To					
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	Sch	ool Code	PC B	U	Project		Activity	
INV Line	Descripti	ion				Extended A	mount				Catego	ory Code	Ship To				1 1	
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	Sch	ool Code	PC B	U	Project		Activity	

Name	Sally Jone	s			
School l	Email Addres	s: Sally.Jones@irs	d.k12.de.us		
Building	SCHS		Position: Teache)r	
			(Administr	rator, Teacher, Paraprofess	ional, Secretary, Custodian)
Current	Assignment	Allied Health Instr	ructor CTE		
Date of	Application	May 15, 2021			
Date Co	urse Will Be	Taken <u>06/01/21</u>	11/30/21	12/15/2021	
		Start	End	Approx. I	Date Grade Available
Is this co Doctora	ourse part of a large or o	an approved program of ther approved course of	f study such as towa f study? Yes ×	ards completion o _ No	of a Masters Degree,
If the an	swer is Yes,	please list the degree pr	ogram or course of	study you are pu	rsuing.
MS - N	lursing - Ed	ducation			
Course 1	Name Facili	tation of Context-Ba	ased Student-Ce	ntered Learnii	ng
Course 1	Number <u>C91</u>	19 Colle	ege or Offering Insti	itution WGU	
Number	of Credits 2	. Tota	al Cost of Course _	o be determi	ned
Please d will be a	escribe how to	the above course is rele in carrying out your ass	vant to your assignr signment.	nent and how cor	npletion of the course
How ti	nis course v	will help you in the o	classroom.		
Are you	planning to s	submit for a Course Rei	mbursement?	If so, please chec	ck which one below:
	<u>X</u>	Summer/Fall (Due December)	v	Vinter/Spring (Due May)	
Employ	responsibilitee to check to confirm (he Deeds	Approved	_X N	ot Approved
		y is accredited	Celeste T Bu		6-8-21
does no	t in any way		Director of	of Personnel	Date
approva	ıl for accredi —	itation by DDOE.	<u> </u>		
	Арре	ealed to Superintendent	: Granted	Not Grant	ed
	-	Superintendent	t	Date	W-24-

Name	Sally Jone	es			
School I	Email Addres	s: Sally.Jones@irsd.	k12.de.us		
Building	SCHS		Position: Teache	r	
					sional, Secretary, Custodian)
Current	Assignment	Allied Health Instru	ctor CTE		
Date of	Application	May 15, 2021			
Date Co	urse Will Be	Taken <u>06/01/21</u>	11/30/21	12/15/2021	
		Start	End	Approx.	Date Grade Available
Is this co	ourse part of a	an approved program of s ther approved course of s	study such as towa tudy? Yes ×	rds completion o	of a Masters Degree,
If the an	swer is Yes,	please list the degree prog	gram or course of	study you are pu	ırsuing.
MS - N	lursing - Ed	lucation			
Course 1	_{Name} Adva	nced Pathopharmaco	ological Founda	ıtions	
Course 1	Number D02	27 Colleg	e or Offering Insti	tution WGU	
Number	of Credits 3	Total	Cost of Course	o be determ	ined
		the above course is relevation in carrying out your assignment	•	nent and how co	mpletion of the course
How th	nis course v	will help you in the cla	assroom.		
Are you	planning to s	submit for a Course Reim	bursement?	If so, please che	ck which one below:
	X	Summer/Fall (Due December)	v	Vinter/Spring (Due May)	
	responsibili ee to check t		Annroved	<u>x</u>	lot Approved
	e to confirm				-
_		y is accredited	Celeste T Bu		6-8-21
)E. Approva <u>t</u> in any way	al of the class indicate an	Director o	of Personnel	Date
		itation by DDOE.			
	App	ealed to Superintendent:	Granted	Not Gran	ted
		Superintendent		Dat	<u> </u>
	1	•			

Name .	Sally Jone	s		
School E	mail Addres	s: Sally.Jones@irsd	.k12.de.us	
Building	SCHS	1	Position: Teache	er
				trator, Teacher, Paraprofessional, Secretary, Custodian)
Current A	Assignment	Allied Health Instru	ctor CTE	
Date of A	Application	May 15, 2021		
Date Cou	ırse Will Be	Taken <u>06/01/21</u>	11/30/21	12/15/2021
		Start	End	Approx. Date Grade Available
Doctoral If the ans	Degree or of	ther approved course of splease list the degree property	study? Yes ×	
MS - N	ursing - Ed	lucation	_	
Course N	lame Lead	ership and Managem	nent in Complex	x Healthcare Systems
Course N	lumber D03	Colleg	ge or Offering Inst	itution WGU
Number	of Credits _3	Total	Cost of Course _	To be determined
		the above course is relevation in carrying out your assi		ment and how completion of the course
How th	nis course	will help you in the cl	assroom.	
Are you	planning to	submit for a Course Rein Summer/Fall (Due December)		If so, please check which one below: Winter/Spring (Due May)
Employe Website College by DDO does not	E. Approve t in any way	the Deeds	Celeste T B	X Not Approved unting 6-8-21 of Personnel Date
	Арр	pealed to Superintendent:	Granted	Not Granted
		Superintendent		Date

Name _	Sally Jone	s			
School E	mail Addres	s: Sally.Jones@irsd.	k12.de.us		
Building	SCHS	F	Position: Teache	r	
			(Administr	ator, Teacher, Paraprofe	essional, Secretary, Custodian)
Current	Assignment	Allied Health Instru	ctor CTF		
Current A	Assignment	- Inod Froditi Froditi	0.01 0 1 2		
Date of A	Application	May 15, 2021			
Date Cou	ırse Will Be	Taken <u>06/01/21</u>	11/30/21	12/15/202	1
		Start	End	Approx	. Date Grade Available
Doctoral	Degree or o	an approved program of s ther approved course of s please list the degree prog	tudy? Yes ×	_ No	-
MS - N	ursing - Ed	ducation			
Course N	Jame Conto	emporary Curriculum	Design and De	evelopment i	n Nursing Education
	Number C92		e or Offering Inst		
					mined
Number	of Credits _	Total	Cost of Course _	—————	- Inned
		the above course is releva in carrying out your assi		nent and how o	completion of the course
How th	nis course	will help you in the cla	assroom.		
Are you	planning to	submit for a Course Reim Summer/Fall (Due December)		If so, please ch Winter/Spring (Due May)	neck which one below:
Employe Website College by DDO does not	E. Approv <u>t</u> in any way	the Deeds	Celeste T B		Not Approved6-8-21 Date
	App	pealed to Superintendent:	Granted	Not Gr	anted
		Superintendent		D	ate

Name Sally Jones	
School Email Address: Sally.Jones@irsd.	.k12.de.us
Building SCHS	Position: Teacher
	(Administrator, Teacher, Paraprofessional, Secretary, Custodian)
Current Assignment Allied Health Instru	uctor CTE
Date of Application May 15, 2021	
Date Course Will Be Taken 06/01/21	11/30/21 12/15/2021
Start	End Approx. Date Grade Available
Is this course part of an approved program of s Doctoral Degree or other approved course of s If the answer is Yes, please list the degree prog MS - Nursing - Education	
	A.C. D. C. Associations
Course Name Advanced Health Assessr	
Course Number D028 Colleg	ge or Offering Institution WGU
Number of Credits 3 Total	l Cost of Course To be determined
	vant to your assignment and how completion of the course
How this course will help you in the cl	lassroom.
Are you planning to submit for a Course Reim	
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.	ApprovedX Not Approved Celeste T Bunting 6-8-21 Director of Personnel Date
Appealed to Superintendent:	: Granted Not Granted
Superintendent	t Date

Name _	Sally Jone	s			
School E	mail Addres	s: Sally.Jones@irsd	.k12.de.us		
Building	SCHS		Position: Teache	er	
			(Administ	rator, Teacher, Paraprofes	ssional, Secretary, Custodian)
Current A	Assignment	Allied Health Instru	uctor CTE		
Date of A	Application	May 15, 2021			
		Taken <u>06/01/21</u>	11/30/21	12/15/2021	
		Start	End	Approx.	Date Grade Available
Doctoral	Degree or ot	in approved program of ther approved course of please list the degree pro	study? Yes x	_ No	
MS - N	ursing - Ed	lucation			
Course N	Name Evolv	ing Roles of Nurse I	Educators in Di	verse Environ	ments
Course N	Number C91	8 Colleg	ge or Offering Inst	itution WGU	
Number	of Credits 2	Tota	l Cost of Course _	Γο be determ	nined
		he above course is relev in carrying out your ass		ment and how co	ompletion of the course
How th	nis course v	will help you in the c	lassroom.		
Are you	planning to s	submit for a Course Rein		Winter/Spring	eck which one below:
		(Due December)		(Due May)	
	responsibili ee to check t		Approved_	x	Not Approved
	to confirm		Celeste T B	unting	6-8-21
		y is accredited al of the class	<u> </u>	of Personnel	Date
does no	<u>t</u> in any way	indicate an		. =	
approva	al for accred	itation by DDOE.			
	App	ealed to Superintendent	: Granted	Not Gra	nted
		Superintenden	t	Da	ite
	1	-			

Name _	Sally Jone	s		
School E	mail Addres	s: Sally.Jones@irs	d.k12.de.us	
Building	SCHS		_ Position: Teache	er
			(Administ	rator, Teacher, Paraprofessional, Secretary, Custodian)
Current A	Assignment	Allied Health Inst	ructor CTE	
Date of A	Application	May 15, 2021		
Date Cou	ırse Will Be	Taken <u>06/01/21</u>	11/30/21	12/15/2021
		Start	End	Approx. Date Grade Available
Doctoral	Degree or o	ther approved course o	f study? Yes ×	ards completion of a Masters Degree, No study you are pursuing.
MS - N	ursing - Ed	ducation		
Course N	lame Inform	matics for Transforr	ming Nursing Ca	re
Course N	Number D02		ege or Offering Inst	
Number	of Credits	В то	tal Cost of Course _	To be determined
		the above course is rele in carrying out your as		ment and how completion of the course
How th	nis course	will help you in the	classroom.	
Are you	planning to	submit for a Course Re		If so, please check which one below: Winter/Spring
		(Due December)		(Due May)
Employ Website College by DDO does not	E. Approv t in any way	the Deeds	Celeste T B	X Not Approved unting 6-8-21 of Personnel Date
	Арј	pealed to Superintender	nt: Granted	Not Granted
		Superintende	nt	Date

Name Sally Jones			
School Email Address: Sally.Jones@irsd.l	k12.de.us		
Building SCHS P	Position: Teache	er	
-	(Administr	ator, Teacher, Paraprofessi	ional, Secretary, Custodian)
Current Assignment Allied Health Instru	ctor CTE		
Date of Application May 15, 2021			
Date Course Will Be Taken 06/01/21	11/30/21	12/15/2021	
Start	End	Approx. I	Date Grade Available
Is this course part of an approved program of s Doctoral Degree or other approved course of st	tudy? Yes ×	_ No	
If the answer is Yes, please list the degree prog	gram or course of	study you are pu	rsuing.
MS - Nursing - Education			····
Course Name Quality Outcomes in a Cul	ture of Value-E	Based Nursing	Care
Course Number D026 College	e or Offering Inst	itution WGU	
Number of Credits 2 Total	Cost of Course _	o be determi	ined
Please describe how the above course is releva will be advantageous in carrying out your assign.		nent and how cor	npletion of the course
How this course will help you in the cla	assroom.		
Are you planning to submit for a Course Reim	bursement?	If so, please chec	k which one below:
X Summer/Fall (Due December)	v	Vinter/Spring (Due May)	
It is the responsibility of the Employee to check the Deeds	Ammound	V N	
Website to confirm that the			ot Approved
College or University is accredited	Celeste T Bu		6-8-21
by DDOE. Approval of the class does not in any way indicate an	Director of	of Personnel	Date
approval for accreditation by DDOE.	···		
Appealed to Superintendent:	Granted	Not Grant	ed
Superintendent		Date	

Name S	Sally Jones			
School En	nail Address: Sally.Jones@irsc	d.k12.de.us		
Building	SCHS	Position: Teache	er	
		(Administ	rator, Teacher, Paraprofess	ional, Secretary, Custodian)
Current A	ssignment Allied Health Instru	uctor CTE		
Date of A	pplication May 15, 2021			
Date Cour	rse Will Be Taken <u>06/01/21</u>	11/30/21	12/15/2021	
	Start	End	Approx. I	Date Grade Available
	urse part of an approved program of Degree or other approved course of			of a Masters Degree,
If the ansv	wer is Yes, please list the degree pro	ogram or course of	study you are pu	rsuing.
MS - Nu	rsing - Education			
Course Na	Professional Presence a	nd Influence		
Course N	umber D024 Colle	ge or Offering Inst	itution WGU	<u> </u>
Number o	f Credits 2 Tota	al Cost of Course	o be determi	ned
	scribe how the above course is releve vantageous in carrying out your ass		nent and how cor	mpletion of the course
How thi	s course will help you in the c	elassroom.		
Are you p	lanning to submit for a Course Reir	mbursement?	If so, please chec	ck which one below:
	X Summer/Fall (Due December)	\	Winter/Spring (Due May)	
	esponsibility of the e to check the Deeds		V N	
	o confirm that the	Approved	_X N	ot Approved
	r University is accredited	Celeste T Bu		6-8-21
		Director	of Personnel	Date
	for accreditation by DDOE.			
	Appealed to Superintendent:	Granted	Not Grant	ed
	Superintendent	······································	Date	
does not i	Appealed to Superintendent:	Granted		ed

Issued to:

Program of Study: Master of Science, Nursing - Education

This program requires students to master competencies in the following domains of study. The program and WGU's educational model are described in further detail on the reverse of this transcript.

	print amount too.	
WGU Domains	The state of the s	Status
MS, Nursing - Education	A STATE OF THE STA	In Progress

The student has attempted or completed the following courses of study associated with these domains:

WGU Course of Study	Grade	*Competency Units
Transfers:		
D025 Essentials of Advanced Nursing Roles and Interprofessional	Transfer	2
D031 Advancing Evidence-Based Innovation in Nursing Practice	Transfer	3
Total Transfer Units 5 Term 1: 6/1/2021 - 11/30/2021		
Domain: MS, Nursing - Education		
C918 Evolving Roles of Nurse Educators in Diverse Environments	Pass	2
C919 Facilitation of Context-Based Student-Centered Learning	Pass	2
C920 Contemporary Curriculum Design and Development in Nursing	Pass	2
D024 Professional Presence and Influence	Pass	2
D026 Quality Outcomes in a Culture of Value-Based Nursing Care	Pass	2
D027 Advanced Pathopharmacological Foundations	Pass	3
D028 Advanced Health Assessment for Patients and Populations	Pass	3
D029 Informatics for Transforming Nursing Care	Pass	3
D030 Leadership and Management in Complex Healthcare Systems	Pass	3

Total Attempted Competency Units: 22
Total Completed Competency Units: 22

*Total Cumulative Attempted Competency Units: 22

*Total Cumulative Completed Competency Units: 22

****End of Transcript****

For further information or verification contact: The Records Office, Western Governors University, 1-877-435-7948 ext 3146.

^{*}One competency unit is equivalent to a semester credit of learning.

^{*}Total cumulative attempted and completed competency units are calculated through the last completed term.



Western Governors University 4001 South 700 East, Suite 700 Salt Lake City, UT 84107-2553 www.wgu.edu

Course Cost Breakdown

STUDENT ID

DATE 11/23/2021

PROGRAM OF STUDY **MSNUED**

NETTUITION: \$3990

Six Month Term

START June 01, 2021

SUBJECT	COURSE #	COURSE DESCRIPTION	CU	ALLOCATION
EWOB	ORA1	Education Without Boundaries Orientation	0.0	\$0.00
NURS	C919	Facilitation of Context-Based Student-Centered Learning	2.0	\$362.73
NURS	D027	Advanced Pathopharmacological Foundations	3.0	\$544.09
NURS	D030	Leadership and Management in Complex Healthcare Systems	3.0	\$544.09
NURS	C920	Contemporary Curriculum Design and Development in Nursing Education	2.0	\$362.73
NURS	D028	Advanced Health Assessment for Patients and Populations	3.0	\$544.09
NURS	C918	Evolving Roles of Nurse Educators in Diverse Environments	2.0	\$362.73
NURS	D029	Informatics for Transforming Nursing Care	3.0	\$544.09
NURS	D026	Quality Outcomes in a Culture of Value-Based Nursing Care	2.0	\$362.73
NURS	D024	Professional Presence and Influence	2.0	\$362.72

TOTALS

cus 22.0

ALLOCATION \$3990

DATE	DESCRIPTION	AMOUNT
06/01/2021	MSNUED HP Fee	\$350
06/01/2021	MSNUED - Resource Fee	\$145

Important Information:

WGU tuition for full time students is a flat amount per term. There is no maximum number of competency units (CUs) in which students may enroil. The tuition cost per CU may vary throughout a term depending on the actual number of enrolled courses. The minimum number of CUs for full time students is 12 CUs for undergraduate programs and 8 CUs for graduate programs. Tuition cost per CU will not vary for part-time students. Net tuition used in the course cost breakdown schedule above reflects any tuition discounts and waivers awarded for this term.

FEIN: 84-1283926