

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 www.IRSD.net 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 new 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**

- Inactive, Change Current Name, Address and Banking Information –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:**

Official or **Unofficial** 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.

INDIAN RIVER SCHOOL DISTRICT
COURSE REIMBURSEMENT PROCEDURES

B. Make two (2) copies of the previous four (4) items numbered 1,2,3 & 4a. Make sure that the copies are not two (2) sided.

C. Assemble each packet in the following order:

1. Personal Expense Reimbursement Document
2. IRSD Professional Growth Application Form(s) 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 you can complete the Personal Expense Reimbursement Form. Send to Maureen Nicholson.

D. The deadline for packets to be received at IREC:

Summer/Fall class packets will be due December 2, 2024.

1. Include classes ending December 31, 2024.
2. Unofficial transcripts will be due the week ending January 17, 2025.

Winter/Spring class packets will be due no later than May 1, 2025.

1. Include any classes that grades will be available by June 2, 2025.
2. Unofficial transcripts will be due no later than June 2, 2025.

I know you will not have your unofficial transcripts when the packets are due. Place a sticky note on the front-page with the approximate date the grades 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.



"SAMPLE"
STATE OF DELAWARE
Personal Expense Reimbursement

Teacher

EMPLOYEE INFORMATION												
VENDOR ID#	123457		INSTRUCTIONS					EMPLOYEE CERTIFICATION				
EMPLOYEE NAME AND ADDRESS INFORMATION	Mary Smith 123 Caroline Street Georgetown, DE 19947		Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A 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, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.					I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.				
							EMPLOYEE SIGNATURE AND DATE					
							(Actual signatures are required. Stamped signatures are not accepted.)					
TRAVEL INFORMATION			TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES		
TRAVEL DATES (SINGLE OR MULTIPLE)		TRAVEL DESTINATION	DESCRIPTION AND/OR REASON FOR TRAVEL	AUTO MILES	RAIL	TAXI	HOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
LEAVE	RETURN	FROM TO			PLANE	BUS	MOTEL					
09/28/20	11/01/20		American College of Education								ET 5023 Practices for Evaluating Tech Resources - 3 Credits	
11/09/20	12/13/20		American College of Education								ET 5033 Tech for Learning and Assessment - 3 Credits	
GRAND TOTAL MILEAGE <u>0.00</u> @ \$0.40 <u>\$0.00</u>				0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

FISCAL OFFICE INFORMATION					
Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description	Extended Amount					Category Code	Ship To						
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity
INV Line	Description	Extended Amount					Category Code	Ship To						
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity
INV Line	Description	Extended Amount					Category Code	Ship To						

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 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 09/28/20 11/01/20 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 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:

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.

"SAMPLE"

Approved <input checked="" type="checkbox"/>	Not Approved <input type="checkbox"/>
<i>Celeste Beentony</i> Director of Personnel	<u>10-10-20</u> Date

Appealed to Superintendent: Granted _____ Not Granted _____

Superintendent

Date

"SAMPLE"



Payment Receipt

School Name American College of Education
 School Phone 800-280-0307
 Student Number
 Student Name
 Student Address
 United States
 Student Phone #
 Program Name M.Ed. in Educational Technology
 Term November 09, 2020
 Term Start Monday, November 9, 2020
 Term End Sunday, December 13, 2020
 Receipt Created Thursday, November 19, 2020 2:15:41 PM

Date	Payment	Payment Type	Charge	Term Balance	Check #	Receipt #	Description
10/20/2020			✓ \$705.00	\$705.00			Tuition
10/20/2020			\$120.00	\$825.00			Technology and Library Fee
10/20/2020	\$41.66 ✓			(\$783.34)			Internal Scholarship
11/4/2020	\$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	Description
ET5033	3.00	Technology for Learning and Assessment

"SAMPLE"



AMERICAN COLLEGE of EDUCATION

Payment Receipt

School Name American College of Education
 School Phone 800-280-0307
 Student Number
 Student Name
 Student Address
 United States
 Student Phone #
 Program Name M.Ed. in Educational Technology
 Term September 28, 2020
 Term Start Monday, September 28, 2020
 Term End Sunday, November 1, 2020
 Receipt Created Thursday, November 19, 2020 2:15:41 PM

Date	Payment	Payment Type	Charge	Term Balance	Check #	Receipt #	Description
9/8/2020			✓ \$705.00	\$705.00			Tuition
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	Description
ET5023	3.00	Practices for Evaluating Technological Resources



STATE OF DELAWARE
Personal Expense Reimbursement

Teacher

EMPLOYEE INFORMATION														
VENDOR ID#		INSTRUCTIONS						EMPLOYEE CERTIFICATION						
123456		Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A 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, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.						I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct. <i>Sally Jones 12/3/20</i> EMPLOYEE SIGNATURE AND DATE (Actual signatures are required. Stamped signatures are not accepted.)						
EMPLOYEE NAME AND ADDRESS INFORMATION			Sally Jones 12345 Bennett St. Millsboro, DE 19966											
TRAVEL INFORMATION				TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES			
TRAVEL DATES (SINGLE OR MULTIPLE)		TRAVEL DESTINATION		DESCRIPTION AND/OR REASON FOR TRAVEL	AUTO MILES	RAIL	TAXI	HOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT	
LEAVE	RETURN	FROM	TO			PLANE	BUS	MOTEL						
09/01/20	10/16/20			University of Delaware								EDUC 608 Literacy Assessment & Instruction I - 3 Credits	\$	
10/19/20	12/11/20			University of Delaware								EDUC 609 Literacy Assessment & Instruction II - 3 Credits		
GRAND TOTAL MILEAGE				0.00	@ \$0.40	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$

FISCAL OFFICE INFORMATION					
Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description					Extended Amount					Category Code	Ship To		
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity

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 Sally Jones

School Email Address: Sally.Jones@irsd.k12.de.us

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

Current Assignment 3rd Grade

Date of Application August 1, 2020

Date Course Will Be Taken 9/1/20 10/16/20 10/26/20
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.

Masters of Literacy

Course Name Literacy Assessment and Instruction I

Course Number UDUC 608 College or Offering Institution University of Delaware

Number of Credits 3 Total Cost of Course \$2,091.00

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.

The course focuses on effective literacy assessment and instruction in phonemic awareness, phonics, spelling and fluency.

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

X 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 <input checked="" type="checkbox"/>	Not Approved _____
<u>CTB</u> Director of Personnel	<u>8-3-20</u> Date

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

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 Sally Jones

School Email Address: Sally.Jones@irsd.k12.de.us

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

Current Assignment 3rd Grade

Date of Application August 1, 2020

Date Course Will Be Taken 10/19/20 12/11/20 12/18/20
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.

Masters of Literacy

Course Name Literacy Assessment and Instruction II

Course Number UDUC 609 College or Offering Institution University of Delaware

Number of Credits 3 Total Cost of Course \$2,091.00

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.

The course focuses on effective literacy assessment and instruction in comprehension, vocabulary, writing, motivation and strategies.

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

X 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 <input checked="" type="checkbox"/>	Not Approved _____
<u>AB</u> Director of Personnel	<u>8-3-20</u> Date

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



Unofficial Academic Record

Sally Jones - ID#

Institution Info: University of Delaware

Test ID	Test Component	Test Date	Test Score	Data Source
HIGHSAT	Math	01/25/2014	570.00	TST
HIGHSAT	Verbal	01/25/2014	510.00	TST
HIGHSAT	Writing	01/25/2014	540.00	TST
SATI	ESSAY Computer Based Test	03/09/2013	7.00	TST
SATI	ESSAY Computer Based Test	06/01/2013	8.00	TST
SATI	ESSAY Computer Based Test	01/25/2014	8.00	TST
SATI	Math	03/09/2013	550.00	TST
SATI	Math	06/01/2013	530.00	TST
SATI	Math	01/25/2014	570.00	TST
SATI	Subject 1	03/09/2013	48.00	TST
SATI	Subject 1	06/01/2013	52.00	TST
SATI	Subject 1	01/25/2014	54.00	TST
SATI	Total	03/09/2013	1490.00	TST
SATI	Total	06/01/2013	1570.00	TST
SATI	Total	01/25/2014	1620.00	TST
SATI	Verbal	03/09/2013	470.00	TST
SATI	Verbal	06/01/2013	510.00	TST
SATI	Verbal	01/25/2014	510.00	TST
SATI	Writing	03/09/2013	470.00	TST
SATI	Writing	06/01/2013	530.00	TST
SATI	Writing	01/25/2014	540.00	TST

Cum GPA	4.000	Cum Totals	12.000	Attempted	6.000	Earned	6.000	Quality Hrs	6.000	Points	24.000
Combined Cum GPA	4.000	Comb Totals	12.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Graduate Career Totals											
Cum GPA:	4.000	Cum Totals	12.000	6.000	6.000	6.000	6.000	6.000	6.000	24.000	
Transfer Cum GPA		Transfer Totals	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Combined Cum GPA	4.000	Comb Totals	12.000	6.000	6.000	6.000	6.000	6.000	6.000	24.000	
Requestor:	Taylor Hamilton										

End of Unofficial Academic Record

Beginning of Graduate Record
2020 Fall Master's R

Program: Education & Human Development
Plan: Literacy Master of Education

Course	Title	Attempted Hrs	Earned Hrs	Grade	Quality Pts
EDUC 608 620	LITERACY ASSESSMNT/INSTRUCT I	3.000	3.000	A	12.000
EDUC 609 660	LITERACY ASSESSMNT/INSTRUCT II	3.000	3.000	A	12.000
Term GPA	4.000 Term Totals	6.000	6.000	6.000	24.000
Cum GPA	4.000 Cum Totals	6.000	6.000	6.000	24.000
Combined Cum GPA	4.000 Comb Totals	6.000	6.000	6.000	24.000

2021 Spr Master's R

Program: Education & Human Development
Plan: Literacy Master of Education

Course	Title	Attempted Hrs	Earned Hrs	Grade	Quality Pts
EDUC 630 620	SUPERVISED READING CLINIC I	3.000	0.000		0.000
EDUC 763 660	SUPERVISED READING CLINIC II	3.000	0.000		0.000
Term GPA	0.000 Term Totals	6.000	0.000	0.000	0.000



UNIVERSITY of DELAWARE

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"

2020 Fall Semester				
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	
08-28-20	Payment - ACH	2020 Fall		(1,394.00)
08-19-20	Tuition Graduate Resident EdPP	2020 Fall	4,182.00	✓
Term total: (\$2.00)			4,232.00	(4,234.00)

0.00

4,182.00

2.00 = *classes*

2,091.00*

0.00



"Sample"
STATE OF DELAWARE
Personal Expense Reimbursement

Teacher

EMPLOYEE INFORMATION													
VENDOR ID#	123456		INSTRUCTIONS					EMPLOYEE CERTIFICATION					
EMPLOYEE NAME AND ADDRESS INFORMATION	Sally Jones 12345 Bennett St. Millsboro, DE 19966		Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A 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, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.					I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.					
	EMPLOYEE SIGNATURE AND DATE				(Actual signatures are required. Stamped signatures are not accepted.)								
TRAVEL INFORMATION			TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES			
TRAVEL DATES (SINGLE OR MULTIPLE) LEAVE RETURN		TRAVEL DESTINATION FROM TO	DESCRIPTION AND/OR REASON FOR TRAVEL		AUTO MILES	RAIL PLANE	TAXI BUS	HOTEL MOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
08/31/20 10/19/20			Wilmington University									MRD 6203 Brain-based Reading Instruction - 3 Credits	\$
10/26/20 12/13/20			Wilmington University									MRD 6204 Phonemic Awareness and Auditory Processing - 3 Credits	\$
GRAND TOTAL MILEAGE		0.00	@ \$0.40	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$

FISCAL OFFICE INFORMATION					
Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description					Extended Amount					Category Code	Ship To		
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity
INV Line	Description					Extended Amount					Category Code	Ship To		
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity
INV Line	Description					Extended Amount					Category Code	Ship To		

"Sample"
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 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 08/31/20 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 No

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:

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.

"Sample"

Approved <input checked="" type="checkbox"/>	Not Approved <input type="checkbox"/>
<u>Celeste Bunting</u> Director of Personnel	<u>10-70-20</u> Date

Appealed to Superintendent: Granted <input type="checkbox"/>	Not Granted <input type="checkbox"/>
_____ Superintendent	_____ Date

"Sample"
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 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 10/26/20 12/13/20 12/28/20
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 No

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

Master of Education

Course Name Phonemic Awareness and Auditory Processing

Course Number MRD 6204 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 studies many aspects of word attack skills and their relationship to the listening process.

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.

"Sample"

Approved <input checked="" type="checkbox"/>	Not Approved <input type="checkbox"/>
<u>Celeste Bunting</u> Director of Personnel	<u>10-10-20</u> Date

Appealed to Superintendent: Granted <input type="checkbox"/>	Not Granted <input type="checkbox"/>
_____ Superintendent	_____ Date

"SAMPLE"

"Account Detail for Term"

STUDENT NAME
ID NUMBER

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		
TV21	Tui Online GR	\$2,928.00		
CCWP	OnLine Credit Card Payment		\$2,953.00	
Net Term Balance				\$0.00
Current Balance for Other Terms:				-\$1,489.00
Future Balance for Other Terms:				\$1,489.00
Account Balance:				\$0.00

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](#)

"SAMPLE"

Academic Transcript

STUDENT NAME
ID NUMBER

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 Instruction	A ✓	3.000	12.00	
MRD	6204	GR	Phonemic Aware AuditoryProcess	A ✓	3.000	12.00	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	6.000	24.00	4.00
Cumulative:	12.000	12.000	12.000	12.000	48.00	4.00

Unofficial Transcript

TRANSCRIPT TOTALS (GRADUATE) -Top-

	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

Unofficial Transcript

COURSES IN PROGRESS -Top-

Term: Spring 2021

Subject	Course	Level	Title	Credit Hours
MRD	6202	GR	Foundations of Reading	3.000



STATE OF DELAWARE
Personal Expense Reimbursement

SAMPLE

EMPLOYEE INFORMATION														
VENDOR ID#		INSTRUCTIONS					EMPLOYEE CERTIFICATION							
000012345		Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A 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, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.					I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct. SALLY JONES 12/1/21							
EMPLOYEE NAME AND ADDRESS INFORMATION Sally Jones 12345 Abbott Street Ocean View, DE 19970							EMPLOYEE SIGNATURE AND DATE (Actual signatures are required. Stamped signatures are not accepted.)							
TRAVEL INFORMATION				TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES			
TRAVEL DATES (SINGLE OR MULTIPLE) LEAVE RETURN		TRAVEL DESTINATION FROM TO		DESCRIPTION AND/OR REASON FOR TRAVEL		AUTO MILES	RAIL PLANE	TAXI BUS	HOTEL MOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
06/01/21 11/30/21				Western Governors Univ									C919 - 2 Units	
													D027 - 3 Units	
													D030 - 3 Units	
													C920 - 2 Units	
													D028 - 3 Units	
													C918 - 2 Units	
													D029 - 3 Units	
GRAND TOTAL MILEAGE <u>0.00</u> @ \$0.40 <u>\$0.00</u>						0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

FISCAL OFFICE INFORMATION					
Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description	Extended Amount					Category Code	Ship To						
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity



**STATE OF DELAWARE
Personal Expense Reimbursement**

SAMPLE

EMPLOYEE INFORMATION

VENDOR ID#	000012345	INSTRUCTIONS	EMPLOYEE CERTIFICATION
EMPLOYEE NAME AND ADDRESS INFORMATION	Sally Jones 12345 Abbott Street Ocean View , DE 19970	Reimbursement is limited to actual expenses incurred by STATE EMPLOYEES ONLY. A 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, the form must include a detailed description and reason for travel, documentation and receipts of incurred expenses and daily tabulation of mileage. ALL EMPLOYEE FIELDS ON THIS FORM ARE REQUIRED.	I do solemnly swear that the below mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct. SALLY JONES 12/1/21 EMPLOYEE SIGNATURE AND DATE (Actual signatures are required. Stamped signatures are not accepted.)

TRAVEL INFORMATION				TRANSPORTATION AND ACCOMMODATIONS				MEALS			MISCELLANEOUS EXPENSES		
TRAVEL DATES (SINGLE OR MULTIPLE)		TRAVEL DESTINATION		DESCRIPTION AND/OR REASON FOR TRAVEL	AUTO MILES	RAIL	TAXI	HOTEL	BREAKFAST	LUNCH	DINNER	EXPENSE DESCRIPTION	AMOUNT
LEAVE	RETURN	FROM	TO			PLANE	BUS	MOTEL					
06/01/21	11/30/21			Western Governors Univ								D026 - 2 Units	
												D024 - 2 Units	
GRAND TOTAL MILEAGE	0.00	@ \$0.40	\$0.00		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

FISCAL OFFICE INFORMATION

Business Unit	Voucher ID (system assigned)	Invoice ID	Invoice Date	Goods Received Date	Voucher Amount
STATE					

INV Line	Description	Extended Amount									Category Code	Ship To		
PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropriation	Account	Program	School Code	PC BU	Project	Activity

SAMPLE
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 Sally Jones

School Email Address: Sally.Jones@irsd.k12.de.us

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

Current Assignment Allied Health Instructor 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 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.

MS - Nursing - Education

Course Name Facilitation of Context-Based Student-Centered Learning

Course Number C919 College or Offering Institution WGU

Number of Credits 2 Total Cost of Course To be determined

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.

How this course will help you in the classroom.

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 <input checked="" type="checkbox"/>	Not Approved <input type="checkbox"/>
<u>Celeste T Bunting</u>	<u>6-8-21</u>
Director of Personnel	Date

Appealed to Superintendent: Granted Not Granted

Superintendent

Date

**SAMPLE
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If the answer is Yes, please list the degree program or course of study you are pursuing.
MS - Nursing - Education

Course Name Advanced Pathopharmacological Foundations

Course Number D027 College or Offering Institution WGU

Number of Credits 3 Total Cost of Course To be determined

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.

How this course will help you in the classroom.

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

MS - Nursing - Education

Course Name Leadership and Management in Complex Healthcare Systems

Course Number D030 College or Offering Institution WGU

Number of Credits 3 Total Cost of Course To be determined

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.

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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.
MS - Nursing - Education

Course Name Contemporary Curriculum Design and Development in Nursing Education
Course Number C920 College or Offering Institution WGU
Number of Credits 2 Total Cost of Course To be determined

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.

How this course will help you in the classroom.

Are you planning to submit for a Course Reimbursement? Summer/Fall (Due December) Winter/Spring (Due May) If so, please check which one below:

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Celeste T Bunting	6-8-21
Director of Personnel	Date

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Superintendent Date

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

MS - Nursing - Education

Course Name Advanced Health Assessment for Patients and Populations

Course Number D028 College or Offering Institution WGU

Number of Credits 3 Total Cost of Course To be determined

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.

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Celeste T Bunting	6-8-21
Director of Personnel	Date

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<hr/>	<hr/>
Superintendent	Date

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MS - Nursing - Education

Course Name Evolving Roles of Nurse Educators in Diverse Environments

Course Number C918 College or Offering Institution WGU

Number of Credits 2 Total Cost of Course To be determined

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.

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

MS - Nursing - Education

Course Name Informatics for Transforming Nursing Care

Course Number D029 College or Offering Institution WGU

Number of Credits 3 Total Cost of Course To be determined

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.

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Celeste T Bunting	6-8-21
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Superintendent	Date

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

MS - Nursing - Education

Course Name Professional Presence and Influence

Course Number D024 College or Offering Institution WGU

Number of Credits 2 Total Cost of Course To be determined

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.

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Director of Personnel	Date

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_____ Superintendent	_____ Date

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.

WGU Domains	Status
MS, Nursing - Education	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****

*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.

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

UNOFFICIAL



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	NET TUITION: \$3990
PROGRAM OF STUDY MSNUED	

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			CU's 22.0	ALLOCATION \$3990

Fees

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 enroll. 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