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.)
- <u>Write</u> in the upper right-hand corner your position: Administrator, Teacher, Nurses, Paraprofessional, Secretary, or Custodian.
- <u>Vendor Number</u>- See your school's Financial Secretary or email me we can help. This number is <u>not</u> 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:

- 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 <u>not</u> 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.

Updated 7/1/24 Page 2



Teacher

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VENDOR ID#	1	23457					INS	STRUCTION		TOTAL T	111011	***************************************		***************************************	FMPI (YEE CERTII	FICATION	
EMPLOYEE NAME AND ADDRESS INFORMATION	N 1	lary Smi 23 Carol	th line Street wn, DE 199	con and the rec	nplete Pe d/or exper form mu eipts of in	rsonal Expernses the emplest include a curred expen	to actual exposes Reimburs bloyee incurred detailed desponses and daily S ON THIS FO	penses incu ement form d. If the form cription and tabulation of	urred by STA n and receipts m is submitte d reason for of mileage.	s are requi	ired for all	Il items ement.	expenditure this form are	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. EMPLOYEE SIGNATURE AND DATE (Actual signatures are required. Stamped signatures are not accepted.)				
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INV Line Des	scription	1				Extended A	Amount					Catego	ory Code	Ship To				

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 11/09/20 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 X No 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 Technology for Learning and Assessment	
Course Number ET 5033 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 student	
Are you planning to submit for a Course Reimbursement? If so, please check which one below: Winter/Spring (Due May) It is the responsibility of the	
Employee to check the Deeds Approved Not Approved	
what current position do you hold today, i.e. 1st grade, Math, etc. Today's date the Course Will Be Taken 11/09/20 12/13/20 12/28/20 Start End Approx. Date Grade Available this course part of an approved program of study such as towards completion of a Masters Degree, potoral Degree or other approved course of study? Yes X No Technology for Learning and Assessment Technology for Learning and Assessment Total Cost of Course \$825.00 Total	
the teresponsibility of the class not an approved course is relevant to your assignment ET 5033 College or Offering Institution Course Warmen Technology Total Cost of Course See Summer/Fall (Due December) Total Cost of Course Appealed to Superintendent: Approved Approved For a Course Reimbursement? Approved Summer/Fall (Due December) The responsibility of the class and in any way indicate an rowal for a accreditation by DDOE. Appealed to Superintendent: Granted Position: Teacher (Administrator, Teucher, Pumprofessional, Secretary, Custodium) Total Cody on July 12/28/20 Approved 12/28/20 Approved 12/28/20 Approved 12/28/20 Approved Not Approved Director of Personner Date Not Granted Not Granted Not Granted	
approval for accreditation by DDOE.	
Appealed to Superintendent: Granted Not Granted	
Superintendent Date	

Name <u>Mary Sn</u>	nith		
School Email Add	ress: Mary.Smith@irsd	.k12.de.us	
Building IREC		Position: Teache	
		(Administr	rator, Teacher, Paraprofessional, Secretary, Custodian)
Current Assignmen	what current position	ion do you hold	today, i.e. 1st grade, Math, etc.
Date of Applicatio	n Today's date		
Date Course Will I	Be Taken <u>09/28/20</u>	11/01/20	11/15/20
	Start	End	Approx. Date Grade Available
Doctoral Degree of fifthe answer is Ye	of an approved program of rother approved course of sections, please list the degree processional Technology	study? Yes X	
Waster S III Edd			······································
Course Name Pra	ctices for Evaluating T	echnological R	esources
Course Number E	T 5023 Colleg	ge or Offering Insti	itution American Coll of Ed
Number of Credits	3 Total	Cost of Course	8825.00
will be advantageo	us in carrying out your assi	gnment.	nent and how completion of the course my knowledge and help student
	o submit for a Course Rein Summer/Fall (Due December)		If so, please check which one below: Vinter/Spring (Due May)
it is the responsib			n pce
Employee to chec		Approved	Not Approved
Website to confir College or Univer		Colorto	a. 10.10.70
by DDOE. Appro		Director	of Personnel Date
loes not in any w	ay indicate an		
pproval for accr	editation by DDOE.	· · · · · · · · · · · · · · · · · · ·	
A	ppealed to Superintendent:	Granted	Not Granted
	Superintendent		Date



Unofficial Transcript

101 West Ohio Street Suite 1200 Indianapolis, IN 46204

www.ace.edu

Student:						DOB:		Original Start Date: 9/28	3/2020	Student	GPA: 4	.00
Course Code	Description	Credits Attempted	Credits Earned	Grade	Quality Points	Course Code	Course Description		Credits Attempted	Credits Earned	Grade	Quality
Program: Enrollment #: Start Date:		Status:	Active									
Term: 20SEP28 ET5023	September 28, 2020 Practices for Evaluating Technological Resources	3.00	3.00	A 11/01	12.00							
Term GPA: SAP Met	4.00 Cum GPA: 4.00											
Term: 20NOV09 ET5033	November 09, 2020 Technology for Learning and Assessment	3.00	11/09/20 3.00	A 12/13	3/ 20 12.00							
Term GPA:	4.00 Cum GPA: 4.00	3.00	3.00		12.00							
M.Ed. in Educa	ational Technology GPA: 4.00)	6.00	6.00	0							
	*** End of Transcript	***										

^{**} Indicates Retaken Course R* Indicates Retaken Override

Page 1 of 1

ISAMPLE"



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

Receipt Created

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

Date	Payment	Payment Type	Charge	Term Balance	Check #	Receipt #	Descrip tion
10/20/2020			\$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 Account

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		レ	\$705.00	\$705.00			Tuition
9/8/2020			\$120.00	\$825.00			Technology and
9/8/2020	\$41.66			(\$783.34)			Library Fee 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



STATE OF DELAWARE Personal Expense Reimbursement



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VENDOR ID)#	123456					INS	STRUCTIO	NS						EMPLO	YEE CERTIF	ICATION	
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PO #	Line #	DIST #	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropri	ation Acc	count P	rogram	Scho	ool Code	PC BI	J	Project	A	ctivity
INV Line	Descripti	ion				Extended /	Amount					Catego	ory Code	Ship To				

Name	Sally Jones		
School E	Email Address: Sally.Jones@in	rsd.k12.de.us	***************************************
Building	LB	Position: Teache	er
		(Administ	rator. Teacher, Paraprofessional, Secretary. Custodian)
Current .	Assignment 3rd Grade		· · · · · · · · · · · · · · · · · · ·
Date of A	Application August 1, 2020		
Date Co	urse Will Be Taken 9/1/20	10/16/20	10/26/20
	Start	End	Approx. Date Grade Available
s this co Doctoral	ourse part of an approved program Degree or other approved course	of study such as towa of study? Yes ×	ards completion of a Masters Degree,No
If the ans	swer is Yes, please list the degree	program or course of	study you are pursuing.
Master	s of Literacy		
Course N	Name Literacy Assessment a	nd Instruction I	
Course N	Number UDUC 608 Co	ollege or Offering Inst	itution University of Delaware
Number	of Credits 3 T	otal Cost of Course	\$2,091.00
	escribe how the above course is redvantageous in carrying out your		ment and how completion of the course
The co	ourse focuses on effective lite	eracy assessment	and instruction in phonemic
aware	ness, phonics, spelling and t	fluency.	
Are you	planning to submit for a Course R	leimbursement?	If so, please check which one below:
	Summer/Fall (Due December)	7	Winter/Spring (Due May)
Employo Website College by DDO does not	responsibility of the ee to check the Deeds to confirm that the or University is accredited E. Approval of the class in any way indicate an Il for accreditation by DDOE.	Approved	Not Approved
	Appealed to Superintende	ent: Granted	Not Granted
	Superintend	ent	Date

Name Sally Jones	
School Email Address: Sally.Jones@irsd	l.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 Doctoral Degree or other approved course of s	study such as towards completion of a Masters Degree, study? Yes X No
If the answer is Yes, please list the degree pro	ogram or course of study you are pursuing.
Masters of Literacy	
Course Name Literacy Assessment and	Instruction II
· · · · · · · · · · · · · · · · · · ·	ge or Offering Institution University of Delaware
Number of Credits 3 Total	I Cost of Course \$2,091.00
Please describe how the above course is releventially will be advantageous in carrying out your assi	ant to your assignment and how completion of the course ignment.
The course focuses on effective litera	acy assessment and instruction in
comprehension, vocabulary, writing, r	motivation and strategies.
Are you planning to submit for a Course Rein	nbursement? If so, please check which one below:
X Summer/Fall (Due December)	Winter/Spring (Due May)
	Approved Not Approved
	Approved Not Approved
	CTB 8-3-20
	Director of Personnel Date
Appealed to Superintendent:	Granted Not Granted
Superintendent	Date
Course Number UDUC 609 Number of Credits 3 Please describe how the above course is relevantly be advantageous in carrying out your assist The course focuses on effective literated comprehension, vocabulary, writing, respectively. Are you planning to submit for a Course Reimageous in Course Reimageous in Course Reimageous in Course Reimageous in Summer/Fall (Duc December) 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. Appealed to Superintendent:	ge or Offering Institution I Cost of Course \$2,091.00 ant to your assignment and how completion of the course ignment. Incomplete the course ignment and instruction in motivation and strategies. If so, please check which one below: Winter/Spring (Due May) Approved Not Approved Approved Not Approved Director of Personnel Date



Unofficial Academic Record

Sally Jones - ID#

Institution Info:	Univers	ity of Dela						
			Test Scor			_		
Test ID	Test Compon	<u>t0t</u>	Test Data	Test Scom	Data So	ritca		
HIGHSAT	Math		01/25/2014	570.00	TST			
HIGHSAT	Verbel		01/25/2014	510.00	TST			
HIGHSAT	Writing		01/25/2014	540.00	TST			
SATI	ESSAY Comp Based Test	uter	03/09/2013	7.00	TST			
SATI	ESSAY Comp	uter	06/01/2013	8.00	TST			
SATI	Based Test ESSAY Comp	uter	01/25/2014	B,00	TST			
	Based Test							
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		08/01/2013	1570.00	TST			
SATI	Total		61/25/2014	1620.00	TST			
BATI	Verbal		03/09/2013	470.00	TST			
SATI	Verbal		06/01/2013	510.00	TST			
					TST			
SATI	Verbai		01/25/2014	510.00				
SATI	Writing		03/09/2013	470.00	751			
SATI	Writing		06/01/2013	530.00	TST			
SATI	Writing		01/25/2014	540.00	TST			
	_		Beginning of Grad					
		1020 Fall		Master's R				
Program:			n Development					
Plan:	Literacy	Mester of I	Education					
Course		Title		Atten	pied Hrs	Earned Hrs	Grade Quality Pt	15
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Ptan:		Master of i						
Course		Title		Attern	nuted Hrs	Earned Hrs	Grade Quality P	ts.
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EDUC	763 660	SUPERV	ISED READING CL	NIC II	3.000	0.000	0.00	00
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Term GPA		0.000 T	em Totals	6.000	0.00	ED 0.0	000.000)

Page 1 of 1	
01/26/2021	

Cum GPA	4.000 Cum Totals Transfer Tot		<u>Eamed</u> 6.000 0.000	Quality Hrs 6,000 0,000	<u>Points</u> 24.000 0.000
Combined Cum GPA	4.000 Comb Totals	12.900	6.000	6.000	24.000
Graduate Coreer Total: Cum GPA:	4.000 Cum Totals	12,000	6.000 6.000	24,000	
Transfer Cum GPA	Transfer Totals	0.000	0.000 0.000	0.000	
Combined Cum GPA	4.000 Comb Totals	12.000	6.000 6.000	24.000	
Requestor:	Taylor Hamilton				

End of Unofficial Academic Record

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		Marie de la completa del la completa de la completa del la completa de la complet	THE RESERVE OF THE PERSON OF T
Date	Description	Term	Charges	Payments/ Credits
11-03-20	Federal Direct Unsub - TLMED	2020 Fall	AMERICAN PROPERTY OF THE PARTY AND PROPERTY.	(2,810.00)
10-01-20	Payment - ACH	2020 Fall	a toma est o tema depos colo de les 12 des	(30.00)
08-30-20	Installment Payment Plan Fee	2020 Fall	50.00	Production of the state of the
08-28-20	Payment - ACH	2020 Fall	ACT T AMERICAN MARKET LEADING	(1,394.00)
08-19-20	Tuition Graduate Resident EdPP	2020 Fall	4,182.00	
Term tota	1: (\$2.00)		4,232.00	(4,234.00)

0 • ::

4,182.÷

2.= Classes

2,091-00#

n .



Teacher

		1 2	**********					EMP	LOYEE IN	FORMA	TION	-1-1-	1					
VENDOR	ID#	123456					INS	STRUCTIO	ONS						EMPLO	YEE CERTIF	FICATION	
EMPLOYI NAME AN ADDRESS INFORMA	ND S ATION		es ennett St. , DE 19966	cor and the rec	mplete Pe d/or exper form mu eipts of in	ersonal Expenses the emplies include a curred exper	to actual exp nse Reimburs bloyee incurred detailed deso nses and daily S ON THIS FO	ement form d. If the fore cription and tabulation of	and receipt m is submitted d reason for of mileage.	s are requed for trave	ired for a	ill items sement,	expenditure this form are	in the cond e true and co	duct of state orrect.	business and	penses were incurre that the representa	tions contained in
		т	RAVEL INFO	RMATIO	N			TRANSPORTATION AND ACCOMMODATIONS					(Actual sig	(Actual signatures are required. Stamped signatures are not accepted.) MEALS MISCELLANEOUS EXPEN				
TRAVEL (SINGLE OF		E) TRA	AVEL DESTINA	ATION TO		SCRIPTION ASON FOR T		AUTO MILES	RAIL PLANE	TAXI		OTEL OTEL	BREAKFAST		DINNER		E DESCRIPTION	AMOUNT
08/31/20					mington Un	,									MRD 620 Reading	03 Brain-based Instruction - 3 Credits	\$	
10/26/20				Wil	mington Un	iversity									Awarene	204 Phonemic ss and Auditory sing - 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		. 17 - 17 - 282	s
								FISCAL	OFFICE	INFORM	MATION				Teresia.			
Business Unit		Voucher	ID (system as	signed)				Invoice	ID			Invo	ice Date	ce Date Goods Received			Voucher	Amount
STATE																		
INV Line	Descrip	tion				Extended	Amount					Categ	ory Code	Ship To				
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropri	ation Acc	count P	rogram	Scho	ool Code	PC B	U	Project		Activity
INV Line	Descripti	on				Extended A	Amount					Catego	ory Code	Ship To				
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropri	ation Acc	ount P	rogram	Scho	ool Code	PC B	U	Project		Activity
INV Line	Descripti	on				Extended A	Amount					Catego	ory Code	Code Ship To				
***************************************							***************************************		***************************************									

Name	Sally Jone	es	***************************************		
School	Email Addres	ss: Sally.Jones@irsd	.k12.de.us		
Building	g IREC		Position: Teache	er	
			(Administ	rator, Teacher, Paraprofessional	l, Secretary, Custodian)
Current	Assignment	What current positi	on do you hold	today, i.e. 1st gr	ade, Math, etc.
Date of	Application	Today's date			
Date Co	ourse Will Be	Taken 08/31/20	10/19/20	11/1/20	
		Start	End	Approx. Dat	e Grade Available
Is this co Doctora	ourse part of I Degree or o	an approved program of so other approved course of s	study such as towastudy? Yes X	ards completion of a _ No	Masters Degree,
If the an	swer is Yes,	please list the degree pro	gram or course of	study you are pursu	ing.
Maste	r of Educat	ion			
Course 1	_{Name} Brair	n-based Reading Inst	ruction		
Course 1	Number MR	RD 6203 Colleg	ge or Offering Inst	itution Wilmingto	n Univ
Number	of Credits _3	3 Total	Cost of Course	51,464.00	
will be a	advantageous	the above course is releva in carrying out your assi ores brain-based rea	gnment.		
instruc	ction.				
Are you	planning to	submit for a Course Reim	abursement?	If so, please check v	which one below:
	X	Summer/Fall	V	Vinter/Spring	
	***************************************	(Due December)		(Due May)	//
It is the	responsibili	ty of the	1.5	Ample.	'1
	ee to check t		Approved	Not Ar	pproved
Website	to confirm	that the	4 6 4	0	,
		y is accredited	Celeste	Durting	1070-20
		al of the class	Director of	of Personnel	Date
	t in any way al for accred	itation by DDOE.			
	Арр	ealed 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	

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 Av	vare Auditory	Process		A	3,000	12.00	
Term Tot	als (Grad	luate)								
				Attempt	Passed	Earned	GPA	Quality	GPA	
				Hours	Hours	Hours	Hours	Points		
Current T	erm:			Hours 6.000	Hours 6.000		Hours 6.000			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

Unofficial Transcript

COURSES IN PROGRESS

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



STATE OF DELAWARE Personal Expense Reimbursement

1 of 2

SAMPLE

								EMP	LOYEE	INFOR	MATION	1	The state of		y tribul						
VENDOR	D#	00001234	15				INS	TRUCTIO	NS						EMPLO	YEE CERT	IFICATION				
EMPLOYE NAME AN ADDRESS INFORMA	D		es bott Street ew, DE 199	cor and the rec	nplete Pe d/or exper form mu eipts of in	rsonal Exper uses the emp st include a curred expen	to actual exp nse Reimburso loyee incurred detailed deso ses and daily	ement form d. If the form cription and tabulation of	and recein is submit reason for mileage.	ipts are retted for travel.	equired fo avel reimb	r all items ursement,	expenditure	I do solemnly swear that the below mentioned expenses were incurred as a necessar expenditure in the conduct of state business and that the representations contained it this form are true and correct. SALLY JONES 12/1/21 EMPLOYEE SIGNATURE AND DATE (Actual signatures are required. Stamped signatures are not accepted.)							
											ON AND		(Actual sig	natures are	required. St	tamped sign	atures are not acce	pted.)			
		TF	RAVEL INFO	RMATIO	N			TRANSPORTATION AND ACCOMMODATIONS						MEALS		MIS	MISCELLANEOUS EXPENSES				
TRAVEL (SINGLE OR LEAVE R	MULTIPL	E) TRA	VEL DESTINA	ATION TO		SCRIPTION A ASON FOR T		AUTO MILES	RAIL PLANE		AXI US	HOTEL MOTEL	BREAKFAST	LUNCH	DINNER	EXPENS	SE DESCRIPTION	AMOUNT			
06/01/21	11/30/21				West	ern Govern	ors Univ									C9	19 - 2 Units				
																	27 - 3 Units				
										-							30 - 3 Units				
										_							20 - 2 Units				
																	28 - 3 Units				
										_							18 - 2 Units 29 - 3 Units				
GRAND TOTAL												***************************************				502	29 - 3 011113				
MILEAGE -	0.00	_ @ \$0.4	40\$(0.00				0.00	\$0.00	\$0	0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00			
						4.2.1		FISCAL	OFFIC	E INFO	RMATIC	ON		11							
Business Unit		Voucher	ID (system as	signed)		Talva.		Invoice ID Invo				pice Date	ce Date Goods Received Date				Amount				
STATE																					
INV Line	Descrip	otion	7-70			Extended	Amount					Categ	jory Code	Ship To							
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPT ID	Oper Unit	Appropri	ation A	ccount	Program	Sch	ool Code	PC BI		Project		Activity			
INV Line	Descripti	ion				Extended A	Amount					Catego	ory Code	Ship To							
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropri	ation A	ccount	Program	Sch	ool Code	PC BI)	Project		Activity			
INV Line	Descripti	ion				Extended A	Amount		-			Catego	ory Code	Ship To							
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropri	ation A	ccount	Program	Sch	ool Code	PC BI		Project		Activity			



STATE OF DELAWARE Personal Expense Reimbursement

EMPLOYEE INFORMATION

SAMPLE

VENDOR ID	0#	00001234	5				INS	STRUCTION	IS						EMPLO	YEE CERT	IFICATION	
EMPLOYEE NAME AND ADDRESS INFORMAT		Sally Jone 12345 Ab Ocean Vie	bott Street	con and the rec	nplete Pe l/or exper form mu eipts of in	rsonal Exper ises the emp st include a curred expen	to actual exp nse Reimburs loyee incurred detailed des ses and daily ON THIS FO	ement form a d. If the form cription and tabulation of	and receipts is submitted reason for to mileage.	are requi	uired for a	ill items sement,	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 containe this form are true and correct. SALLY JONES 12/1/21 EMPLOYEE SIGNATURE AND DATE				tions contained	
		19970		ALI	LEMPLO	YEE FIELDS	ON THIS FO	RM ARE RE	JUIKED.				(Actual sig				atures are not acce	oted.)
		TF	RAVEL INFO	RMATIO	V			Т	RANSPOR ACCOMM		and the second second second			MEALS			CELLANEOUS E	
TRAVEL (SINGLE OR I LEAVE RE	MULTIPL	E) TRA	VEL DESTINA	ATION TO		SCRIPTION A ASON FOR T		AUTO _	RAIL PLANE	TAX	-	OTEL OTEL	BREAKFAST	LUNCH	DINNER	EXPENS	SE DESCRIPTION	AMOUNT
6/01/21	11/30/2	1			West	em Govern	ors Univ									D0	26 - 2 Units	
																D02	24 - 2 Units	
GRAND TOTAL MILEAGE	0.00	@ \$0.4	40\$(0.00				0.00	\$0.00	\$0.00	0 \$	0.00	\$0.00	\$0.00	\$0.00			\$0.00
	-							FISCAL	OFFICE I	NFORM	MATION	1				1 12 12 12 1		
Business Unit		Voucher	ID (system as	signed)	11,			Invoice II)			Invo	ice Date	Good	ds Received	Date	Voucher	Amount
STATE																		
INV Line	Descri	ption			- 1	Extended	Amount					Catego	ory Code	Ship To				
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropriat	ion Acco	ount P	rogram	Scho	ool Code	PC BI		Project		Activity
INV Line	Descrip	otion	711222			Extended A	Amount					Catego	ory Code	Ship To				
					T -													
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropriat	ion Acco	unt F	rogram	Scho	ool Code	PC BL		Project		Activity
INV Line	Descrip	otion				Extended A	Amount	Catego			Catego	ry Code	/ Code Ship To					
PO#	Line #	DIST#	Amount	Bud Ref	Fund	DEPTID	Oper Unit	Appropriat	ion Acco	unt P	Program	Scho	ool Code	PC BL		Project		Activity

Name Sally Jones			
School Email Address: Sally.Jones@irsd.l	(12.de.us		
Building SCHS P	osition: Teacher		
		r, Teacher, Paraprofession	onal, Secretary, Custodian)
Current Assignment Allied Health Instruc	tor CTE		
Date of Application May 15, 2021			
Date Course Will Be Taken <u>06/01/21</u>	11/30/21	12/15/2021	
Start	End	Approx. D	ate Grade Available
s this course part of an approved program of st Doctoral Degree or other approved course of sta	udy? Yes × 1	No	
f the answer is Yes, please list the degree progr	ram or course of su	ady you are pur	suing.
MS - Nursing - Education			
Course Name Facilitation of Context-Base	ed Student-Cent	ered Learnin	g
Course Number C919 College	or Offering Institu	tion WGU	
Number of Credits 2 Total (Cost of Course To	be determine	ned
Please describe how the above course is relevantially be advantageous in carrying out your assignment.	nt to your assignme nment.	nt and how con	pletion of the course
How this course will help you in the cla	ssroom.	,	
Are you planning to submit for a Course Reimb	oursement? If	so, please chec	k which one below:
Summer/Fall (Due December)		nter/Spring (Due May)	
t is the responsibility of the Employee to check the Deeds	Approved>	Να	ot Approved
Website to confirm that the College or University is accredited	Celeste T Bunt	ing	6-8-21
by DDOE. Approval of the class	Director of		Date
loes not in any way indicate an approval for accreditation by DDOE.			
Appealed to Superintendent:	Granted	Not Grant	ed
Superintendent		Date	
Supermendent		Date	

Name Sally Jones	
School Email Address: Sally.Jones@irsd	l.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 Doctoral Degree or other approved course of a street the degree proof the answer is Yes, please list the degree pro	· -
MS - Nursing - Education	- Jy Prince
Course Name Advanced Pathopharmac	ological Foundations
Course Number Colleg	ge or Offering Institution WGU
Number of Credits 3 Total	Cost of Course To be determined
Please describe how the above course is releventially will be advantageous in carrying out your assi	ant to your assignment and how completion of the course ignment.
How this course will help you in the cl	lassroom.
Are you planning to submit for a Course Rein X Summer/Fall	nbursement? If so, please check which one below: Winter/Spring
(Due December)	(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	Date

Name Sally Jones		
School Email Address: Sally.Jones@irsd.	k12.de.us	
Building SCHS	Position: Teacher	1
		her, Paraprofessional, Secretary, Custodian)
Current Assignment Allied Health Instru	ctor CTE	
Junear Assignment	OLOT OTE	
Date of Application May 15, 2021		
Date Course Will Be Taken <u>06/01/21</u>	11/30/21 12	/15/2021
Start	End	Approx. Date Grade Available
s this course part of an approved program of so Doctoral Degree or other approved course of so	tudy? Yes × No _	·
f the answer is Yes, please list the degree prog	gram or course of study	you are pursuing.
MS - Nursing - Education		
Course Name Leadership and Managem	ent in Complex Hea	Ithcare Systems
Course Number D030 Coilege	e or Offering Institution	WGU
Number of Credits 3 Total	Cost of Course To be	determined
Please describe how the above course is releva will be advantageous in carrying out your assig		nd how completion 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, 1	please check which one below:
Summer/Fall (Due December)	Winter/ (Due	
It is the responsibility of the Employee to check the Deeds Website to confirm that the	ApprovedX_	Not Approved
College or University is accredited	Celeste T Bunting	6-8-21
by DDOE. Approval of the class loes not in any way indicate an approval for accreditation by DDOE.	Director of Pers	onnel Date
Appealed to Superintendent:	Granted	Not Granted
Superintendent		Date

Name	Sally Jone	es	- <u> </u>					
School E	Email Addres	ss: Sally.Jones@)irsd.k	12.de.us				
Building	SCHS	·	Po	osition: Teac	her			_
				(Admi	nistrator, Teache	r, Paraprofessi	ional, Secretary, Custodian)
Current A	Assignment	Allied Health I	nstruc	tor CTE				
Date of A	Application	May 15, 2021						
Date Cou	urse Will Be	Taken <u>06/01/21</u>		11/30/21	12/1	5/2021		
		Start	_	End		Approx. E	Date Grade Availa	able
Is this co Doctoral	ourse part of a Degree or of	an approved program ther approved cours	m of stu e of stu	udy such as to udy? Yes ×	wards com No	pletion o	f a Masters Degre	ee,
If the ans	swer is Yes,	please list the degre	e progr	am or course	of study yo	ou are pur	rsuing.	
MS - N	ursing - Ed	lucation					_	
Course N	lame Conte	emporary Curricu	ulum C	Design and I	Developr	nent in	Nursing Educa	ation
Course N	lumber C92	<u>20</u> c	College	or Offering In	stitution <u>V</u>	vgu_		
Number	of Credits 2	<u> </u>	Total C	Cost of Course	To be o	letermi	ned	
		he above course is in carrying out you			nment and	how con	mpletion of the co	ourse
How th	is course v	will help you in th	ne clas	ssroom.				
Are you	planning to s	submit for a Course	Reimb	ursement?	If so, pl	ease chec	ck which one belo	 ow:
	X	Summer/Fall (Due December)			_ Winter/S (Due M			
Employ	responsibili ee to check t to confirm	the Deeds	Ī	Approved	x	N	ot Approved	
		y is accredited		Celeste T	Bunting		6-8-21	
by DDO	E. Approva	al of the class		Directo	or of Perso	nnel	Date	
	in any way Il for accred	indicate an itation by DDOE.		-				
	Арр	ealed to Superinten	dent:	Granted	1	Not Grant	ted	
		Superinter	ndent		. <u>.</u>	Date		_

Name	Sally Jone	es			
School l	Email Addres	s: Sally.Jones@irsd	.k12.de.us		
Building	SCHS		Position: Teache		
Current	Assignment	Allied Health Instru		itor, Teacher, Paraprofes	sional, Secretary, Custodian)
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 l	an approved program of sther approved course of s	study such as towa study? Yes ×	rds completion No	of a Masters Degree,
	swer is Yes, plursing - Ed	please list the degree producation	gram or course of	study you are pu	orsuing.
Course 1	Name Adva	nced Health Assessr	ment for Patient	s and Popula	tions
Course 1	Number D02	28 Colleg	ge or Offering Insti	tution WGU	
Number	of Credits _3	Total	Cost of Course T	o be determ	ined
Please de will be a	escribe how t dvantageous	he above course is releva in carrying out your assi	ant to your assignm gnment.	ent and how co	mpletion of the course
How th	nis course v	will help you in the cl	assroom.		
Are you	planning to s	ubmit for a Course Reim	abursement?	f so, please che	ck which one below:
	X	Summer/Fall (Due December)	W	inter/Spring (Due May)	
Employ Website College by DDO does not	E. Approva t in any way	he Deeds that the y is accredited il of the class	ApprovedCeleste T Bur Director o		lot Approved6-8-21 Date
	Арр	ealed to Superintendent:	Granted	Not Gran	ted
		Superintendent		Date	e

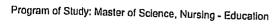
.k12.de.us	
Position: Teacher	
	Paraprofessional, Secretary, Custodian)
ictor CTE	
	
11/30/21 12/1	5/2021
End A	pprox. Date Grade Available
study? Yes <u>× </u>	
gram or course of study you	u are pursuing.
ducators in Diverse Er	nvironments
e or Offering Institution	/GU
Cost of Course To be d	etermined
ant to your assignment and gnment.	how completion of the course
assroom.	
bursement? If so, ple	ase check which one below:
Winter/Sp (Due Ma	_
Approved X	Not Approved_
Celeste T Runting	6-8-21
· · · · · · · · · · · · · · · · · · ·	
Director of Person	ner Bate
Granted No	ot Granted
	Position: Teacher (Administrator, Teacher. Ictor CTE 11/30/21 12/1 End A Study such as towards completedly? Yes X No gram or course of study you Educators in Diverse Ende or Offering Institution Modern and gramment and gramment. Cost of Course To be described and to your assignment and gramment. Assroom. Subursement? If so, ple Winter/Sp (Due Ma Approved X Celeste T Bunting Director of Person

Name _	Sally Jones	8			
School E	mail Address	: Sally.Jones@irsd.	k12.de.us		
Building	SCHS	I	Position: Teacher	r	
			(Administra	itor, Teacher, Parapro	fessional, Secretary, Custodian)
Current A	Assignment	Allied Health Instru	ctor CTE		
Date of A	Application	May 15, 2021			-
Date Cou	ırse Will Be 7	Taken 06/01/21	11/30/21	12/15/202	<u> </u>
		Start	End		k. Date Grade Available
Is this co Doctoral	urse part of a Degree or otl	n approved program of s ner approved course of s	tudy such as towartudy? Yes ×	rds completio No	
If the ans	wer is Yes, p	lease list the degree prog	gram or course of s	study you are	pursuing.
	ursing - Edi			• •	
Course N	lame Inform	atics for Transformi	ng Nursing Care	9	
Course N	lumber D02	College	e or Offering Instit	ution WGU	
Number o	of Credits 3	Total	Cost of Course T	o be deter	mined
Please de will be ac	scribe how the	ne above course is releva n carrying out your assig	nt to your assignm gnment.	ent and how	completion of the course
How th	is course w	rill help you in the cla	assroom.		
Are you p	planning to su	bmit for a Course Reim	bursement?	f so, please cl	heck which one below:
	X	Summer/Fall (Due December)	w	inter/Spring (Due May)	
Employe	responsibility e to check th to confirm tl	e Deeds	Approved	x	Not Approved
		is accredited	Celeste T Bur	nting	6-8-21
by DDO	E. Approval	of the class	Director o	f Personnel	Date
	in any way i l for accredit	ndicate an ation by DDOE.			
	Appe	aled to Superintendent:	Granted	Not Gra	anted
	_	Superintendent		D	ate

Name Sally Jones		
School Email Address: Sally.Jones@irsd.	k12.de.us	
Building SCHS	Position: Teacher	
	(Administrator	r, Teacher, Paraprofessional, 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. Date Grade Available
Is this course part of an approved program of s Doctoral Degree or other approved course of s	tudy such as toward tudy? Yes × N	ls completion of a Masters Degree, No
If the answer is Yes, please list the degree prog	gram or course of stu	udy you are pursuing.
MS - Nursing - Education		
Course Name Quality Outcomes in a Cul	ture of Value-Ba	sed Nursing Care
Course Number D026 College	e or Offering Institut	tion WGU
Number of Credits 2 Total	Cost of Course To	be determined
Please describe how the above course is releva will be advantageous in carrying out your assign	nt to your assignmengnment.	nt and how completion 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 check which one below:
X Summer/Fall (Due December)		nter/Spring Due May)
It is the responsibility of the Employee to check the Deeds	Approved X	Not Approved
Website to confirm that the	—	••
College or University is accredited	Celeste T Bunti	
by DDOE. Approval of the class does not in any way indicate an	Director of I	Personnel Date
approval for accreditation by DDOE.		
Appealed to Superintendent:	Granted	Not Granted
Superintendent		Date

Name Sally Jones	
School Email Address: Sally.Jones@il	rsd.k12.de.us
Building SCHS	Position: Teacher
	(Administrator, Teacher, Paraprofessional, Secretary, Custodian)
Current Assignment Allied Health Ins	structor 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
ls this course part of an approved program Doctoral Degree or other approved course	of study such as towards completion of a Masters Degree, of study? Yes X No
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 Co	llege or Offering Institution WGU
Number of Credits 2	otal Cost of Course To be determined
Please describe how the above course is rewill be advantageous in carrying out your	levant to your assignment and how completion of the course assignment.
How this course will help you in the	e classroom.
Are you planning to submit for a Course R	eimbursement? If so, please check which one below:
X Summer/Fall (Due December)	Winter/Spring (Due May)
It is the responsibility of the	1
Employee to check the Deeds Website to confirm that the	ApprovedX Not Approved
College or University is accredited	Celeste T Bunting 6-8-21
by DDOE. Approval of the class	Director of Personnel Date
does not in any way indicate an approval for accreditation by DDOE.	
Appealed to Superintende	ent: Granted Not Granted
Superintende	ent Date

Issued to:



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 v	vith these domains:	
WGU Course of Study	Grade	*Competency:Units
Fransfers:		
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

^{&#}x27;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
		_ 1

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

FEIN: 84-1283926