

APPENDIX N
Application for Professional Growth Incentive

Date _____

Teacher's Name _____

School _____

Current Position _____

Masters Degree Completion: Year _____ School _____

Proposed Training

Subject _____ Course/professional growth activity _____

Credits _____ #CRUs _____ #CEUs _____ (Complete one)

Date of completion of course or professional growth activity _____

University or Place of Training _____

Connection of proposed work to your professional goals, school goals, or corporation goals.

Proposed Training

Subject _____ Course/professional growth activity _____

Credits _____ #CRUs _____ #CEUs _____ (Complete one)

Date of completion of course or professional growth activity _____

University or Place of Training _____

Connection of proposed work to your professional goals, school goals, or corporation goals.

Proposed Training

Subject _____ Course/professional growth activity _____

Credits _____ #CRUs _____ #CEUs _____ (Complete one)

Date of completion of course or professional growth activity _____

University or Place of Training _____

Connection of proposed work to your professional goals, school goals, or corporation goals.

Teacher Signature

Principal Signature

Date

Date

Committee Approval and Date _____

(All applicants shall be notified by letter of approval or disapproval of their application as soon as the Professional Growth Incentive Committee has taken official action. If an application is disapproved, the letter will include a statement of the reason(s) for disapproval and outline the steps, including the timeline, to appeal the decision.)