

WESTFORD PUBLIC SCHOOLS
APPLICATION FOR APPROVAL OF A COURSE OF PROFESSIONAL STUDY
Or CONFERENCE/WORKSHOP under Article X, Section 3, Subsection d.

NAME _____ School _____ Position _____

I hereby request approval of a course entitled _____
at _____ (institution*).

*Only graduate courses at accredited colleges and universities or University of Westford courses, that receive prior approval of the
Assistant Superintendent before the first day of class will be considered for the appropriate column advancements.

This course meets from _____ (month), 20__ to _____ (month), 20__ and will amount to ____ graduate credit(s).

Please clarify the following. I am taking this course for (check which applies): Content - or -

**Non-content: 1st or 2nd in 5 year cycle

** "If the teacher intends on taking a non-content course, a rationale for taking the course and how it will enhance the educational
experience of the students should be included on the course approval form." WEA contract X3a. Please attach rationale.

- () Column Advancement Which Column _____
() Degree Requirement Initial Masters _____
() Other (Please specify) _____
() Professional Development (I understand that I must produce a grade report with university credit for
reimbursement or column advancement as per contract.)
() Conference/Workshop (up to \$100 in lieu of courses taken for credit or audit WEA contract X3d.)

I expect \$_____ tuition reimbursement for this course or conference/workshop during this school year 20__ / 20__
in accordance with the WEA contract.

PLEASE NOTE:

- In order to receive reimbursement and/or column transfer, the course must be approved in advance of the first class
meeting by the Building Principal and the Assistant Superintendent.
• It shall be the responsibility of the teacher to present to the Assistant Superintendent a list of previously approved
courses with official grade reports for promotion to the M or M+30 column.
• The teacher may be required to justify the purpose for taking this course and its relationship to the teacher's IPDP
(Individual Professional Development Plan).
• Course Reimbursement will be made in accordance with the WEA contract.
• Please advise your Building Principal and Asst. Superintendent in writing if the course is canceled or if you withdraw.

1. APPROVED () DISAPPROVED ()
Reason for non-approval _____

Signed _____ Date _____
Principal

2. APPROVED () DISAPPROVED ()
Reason for non-approval _____

Signed _____ Date _____
Assistant Superintendent

3. Certificate of passing mark and proof of payment presented to and approved by:

Signed _____ Date _____
Assistant Superintendent

Please note - reimbursement process

Reimbursement Fiscal Year _____

When applying for course reimbursement, please provide a copy of this approved form, proof of payment, a copy of your grade, the
address you'd like the reimbursement check mailed to (below) and send the entire package to the Curriculum Office, Central Office.

Mailing address: _____