

# *Bluford School District # 114*

907 E. Sixth Street, Bluford, IL 62814-0019

Scott Porter, Superintendent

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## **REQUEST FOR APPROVAL PROFESSIONAL DEVELOPMENT – TUITION REIMBURSEMENT**

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Request is being made for:  Individual Graduate Level Course or Workshop  
 Entire Graduate School Program

Semester/year course to be taken:  Fall 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Summer 20\_\_\_\_

College/University: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Department: \_\_\_\_\_

Number of Semester Hours: \_\_\_\_\_ or CPDU's \_\_\_\_\_

Employee Signature: \_\_\_\_\_

### **Superintendent's Approval**

Request for Professional Development – Tuition Reimbursement is:

Approved

Denied

Reason: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_