

POTOSI R-3 SCHOOL DISTRICT

PDC REQUEST FOR **COURSEWORK** REIMBURSEMENT **2026-2027**

Name _____ Date _____

Social Security Number _____ Phone number _____

Period of study requested: (semester) _____

Position _____ Principal _____

Current educational level: (degree plus additional hours) _____

Will completion of this course change your position on the salary schedule? _____ Yes _____ No

Is a degree anticipated in conjunction with this course? _____ Yes _____ No

Institution _____ Estimated Cost _____

Credit Hours	Course Number	Course Grad Under		Course Name

Indicate with which Comprehensive School Improvement Goal(s) this course most closely aligns:

- ____ Improve achievement for all students by utilizing quality instruction and resources
____ Recruit, attract, develop and retain highly qualified staff to carry out the mission, vision and beliefs of the district
____ Strive to increase communication and relationships with patrons of the district

* I understand that all coursework must be listed on my approved professional development plan before applying for reimbursement.

* I understand that when the course is completed, a receipt or canceled check, a grade report or verification of class completion, and a completed evaluation form must be attached to this form and given to my building principal before reimbursement can be made.

* I understand that I must present the above information no later than the first contract day of the school year for salary increment increase, and must provide an official transcript no later than the first contract day of the school year.

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

PDC Member Signature _____ Date _____