



School District of Lodi

Administrator Professional Improvement Application

Approval: Before taking a course, please complete the top portion no this form and submit to the Board of Education for pre-approval of coursework. (Copies of the approved form will be returned to you to be used for reimbursement purposes below).

Administrator: _____

Course Title: _____

Name of Institution Offering Course: _____

Course#: _____ Number of Credits: _____ Course being taken: graduate undergraduate

Term taking course: Fall 20____ Spring 20____ Summer 20____ Cost: _____

Board of Education Approval: _____ Date: __/__/____

Reimbursement: Upon completion of the course indicated above, please complete the lower portion of this form and submit to your administrator with the copy of the appropriate payment receipt and grade report as per your contract language. Accounts Payable will reimburse the administrator for their appropriate expenses of professional improvement as per the administrators contract language.

I have completed the course and earned the credits as indicated on the top of this form. Attached are the corresponding grade report and /or transcript for my personnel file and credit reimbursement.

_____ Credits earned by completing this course

\$ _____ Total Reimbursement

Employee Signature: _____ Date: __/__/____

Board Approval: _____ Date: __/__/____