**Martha’s Vineyard Superintendent’s Office**

**Teacher’s Request for Course Reimbursement**

**From the Professional Enhancement Fund**

---

**Date Submitted**

**Name**

**School**

**Job Title**

**FTE %**

**Address**

**Phone**

**Course/Workshop/Seminar Name:**

**Affiliated Institution/College**

**# of Credits**

**Date(s) of Course**

**Course Taken (check one):**

- [ ] On Island
- [ ] Off-island
- [ ] Internet

**$**

**Cost of Course only (no materials, books, etc.)**

**Fiscal Year**

---

**No course will be reimbursed without the receipt of the following:**

1. Documentation of what you paid for on-Island courses or for any workshop/seminar (ex: copy of cancelled check, copy of invoice from college, etc.).

2. Official transcript from Institution. Must pass with a “B” or better.

3. A “Course Approval” previously signed by your Building Principal and submitted to the Superintendent’s Office.

**Submit this request to Bernadette Cormie at the Superintendent’s office for payment from the Professional Enhancement Fund. Teachers can be reimbursed for 9 credits taken during the year (September 1 – August 31). Pro-rated teachers will receive a pro-rated reimbursement.**

---

**Date received at Superintendent’s Office**

**By: Signature**

---

**School**

**Fiscal Year**

**# of Credits**

**Amount to be reimbursed**

**Date of Warrant**