

Reimbursement Request for Certificated Stipend Program

School(s) Attended: _____

Concordia University

Dates Attended: _____

Name of Course(s): _____

| | Hours | Semester / Quarter |
|---------------------------------|-------|--------------------|
| EDGR 601: Ed. Research | 3 | 3 |
| EDGR 499: ACTION Research | 3 | 3 |
| EDCI 574: Global Citizenship | 3 | 3 |
| EDGR 575: PBL & K-12 S. Studies | 3 | 3 |
| EDGR 602 C: Cont. Ed. Thr. | 1 | 1 |

Reimbursement Costs:

Travel _____

Tuition 7,861 _____

Special Fees _____

COLA _____

Total Amount Requested: \$ 7,861 _____

* Check with district office for "dollar cost"

semester hours X dollar cost X 7 = COLA

Documentation Needed: Transcripts, grade report or letter from

instructor verifying completion of course(s); plane/ferry ticket; copies of

checks or receipts.

I understand that reimbursement for all or part of the above educational plan obligates me to continue teaching in the Cordova School District for the school year 2019-20.

Stipend requests are to be presented to the chairman of the selection committee in your building by October 31st (for summer courses) OR May 15th (for school year courses). They in turn will handle the requests and submit to the district office. Requests will then go the School Board for approval.

Signature _____

S. Murray

Date _____

S. Murray

Chairman Signature _____

Kere We

Member Signature _____

Hanna W.

Member Signature _____

A.S.

Date Signed by Selection Committee: _____

11-1-18

Refer to the current Negotiated Agreement for a full explanation of the Stipend Program.