

Professional Development Request
Dickinson Catholic Schools
TEACHER BETTERMENT



Name: _____ Date of Request: _____

Activity Title: _____

Location of Project: _____

Training Dates: _____

Budget Item	Cost	Details	Requestor Notes
Registration: <u>attach completed registration form with address AND proof of payment</u>	\$		
Lodging: <u>name & address of hotel & nights reserved</u>	\$		
Grad Credits:			
Other:	\$		
Total:	\$		

Teacher's Signature: _____ Date: _____

Principal's Approval: _____ Date: _____

Teacher Betterment Committee: _____ Date: _____

Routing of Form:

Please return completed form to Principal/Dean of Students for approval.

If approved, Principal/Dean of Students forwards to Teacher Betterment Committee for approval.

If approved, Teacher Betterment Committee forwards to Business Office for reimbursement to Teacher.

Revised 5/1/2016