June 9, 2025



## LAURIER TEACHERS UNION AND SIR WILFRID LAURIER SCHOOL BOARD PROFESSIONAL IMPROVEMENT COMMITTEE 2025-2026 CREDIT COURSES



## INDIVIDUAL REIMBURSEMENT CLAIM FORM - CERTIFIED UNDER-CONTRACT TEACHERS

MUST COMPLETE CONTRAC	JI STATUS: FULL-	-11IVIE: 🔲	PART-TIME L	PERCENTAGE:	·	
I CONFIRM	M THAT I AM A QUALIFIEI	D TEACHER	(HAVE A BREV	/ET) 🗖		
Transcript(s) and receipt(s) (proof of payment) downloathese documents must be signed and date	aded from the internet are a					
NAME:		SCHOOL:/ CENTER				
EMPLOYEE NUMBER:		E-MAIL ADDRESS (SCHOOL):				
ENROLLED IN WHAT PROGRAM:		E-MAIL ADDRESS (HOME):				
COURSE TITLE(S):		COURSE	NUMBER(S).	NUMBER OF CREDITS per course	COST (TUITION ONLY):	
COURSE BEGINS:		COURSE	COURSE ENDS:			
COURSE TITLE(S):		COURSE	NUMBER(S).	NUMBER OF CREDITS per course	COST (TUITION ONLY):	
COURSE BEGINS:		COURSE ENDS:				
TRANSCRIPT ATTACHED AND SIGNED COPY DOWNLOADED FROM INTERNET ACCEPTED		RECEIPT ATTACHED AND SIGNED COPY DOWNLOADED FROM INTERNET ACCEPTED				
INSTITUTION (place of study)						
RELEVANCY TO FIELD OR POTENTIAL <u>FIELD OF TEACHING</u> :						
APPLICANT'S SIGNATURE:			DATE:			
THIS SECTION IS RESERVED FOR THE PROFESSIONAL IMPROVEMENT COMMITTEE						
APPROVED		REFUSE	REFUSED			
DATE TUITION RECEIPT REC'D:			SON:			
DATE TRANSCRIPT REC'D:		DATE:				

## FOR YOUR INFORMATION

## **CREDIT COURSE**

Teachers are <u>not</u> required to apply for funding before taking a credit course. Only credit courses from a MEQ-accredited educational institution will be considered for funding. Tuition for <u>a successfully completed three credit course</u> will be reimbursed to <u>a maximum of \$500.00</u> exclusive of student services fees and travelling expenses. A signed copy of the transcript indicating successful completion and a receipt must be attached to this form. The deadline for submitting a request for course reimbursement is 6 months from the time the credits were granted. PLEASE ALLOW 4 - 6 WEEKS FOR REIMBURSEMENT ONCE READY TO PROCESS