## UNIQUE NEED TUITION REIMBURSEMENT FORM

Please complete this form for requests for the Warren County Education Association taken to meet a new or unique need of the WCSD Negotiations Agreement	on and Warren County	School District: "R	eimbursement will be ma	de for courses	
Name: Shelly R. St.	ewart	D	ate: <u>2-9-08</u>	<u>\$</u>	
Assignment/Grade Level: Read					
School: WCCC, RES, EM			ol District as Teacher:	3	
Please describe the unique need of the V				Varren	
County School Di	strict is e	experier	icing a s	shortage	
of administ	rators a	S per H	ne Websit	<u>Co</u>	
***************************************					
Certification/Degree that will be carned:	Principal (	<i>lertifical</i>	tion		
College/University: <u>Gannol</u>	n Univers	itu			
Advisor/Dean's Signature: Telephone Number:					
List all courses for which tuition reimbu	rsement is being reques	sted:			
Course	Course Number	No. of Credits	Date of Course	Cost of Tuition	1
GEDU Supervision + Evaluation	720		10-27-08 -12-15-08	詹65,00	1345,00
Principal as Instructiona 1	721	3	Fa 11 8-25-08 - 10-13-05	1365.00	
School Finance Management	- 722	3	5,917,179 1-12-08 - 3-8-08	1365.00	1
Legal Aspects of Administration	on 723	3	5pring 3-27-08-5-17-08	1365.00	
Computer Applications administ	m <sup>m</sup> 724 .	3	Summer 5-31-08-7-36-08	1365.00	4 T
Practicum I	726.	1	10-27-08-12-15-08		]
Practicum II	727	1	1-12-08-3-8-08	455,00	
Practicum III 128 Date that Certification/Degree will be awarded: august 2008 3-27-08-5-17-08 Spring 455.00					
I have read the above information and ag					
University Advisor's Signature:	athleen K	encelon	Date:	-20-0	25
Advisor's Telephone Number:	714) 871-56a	16			
I agree to all the conditions of tuition rei and understand that I have no entitlement	mbursement as stated in t to a position transfer b	the WCEA /Board by completion of the	Agreement or Act 93 /Bo	oard Agreement	
Requestor's Signature:	R. Sten	)art	Date: <u></u>	2-9-08	
L. English Rev. 7/07				#	29
Principal Internship	728	3	5-31-08-7-26 summer	-08 # 1365	5, <i>00</i>

I have reviewed the above information for unique need tuition reimbursement. As the requestor's supervisor, I recognize this request as meeting a unique need of the Warren County School District and approve the requestor's participation in this program by my signature below.

Supervisor's Signature:

Deborah Arpa, Principal

Date: 2.27.08

As superintendent of the Warren County School District, I recognize this request as meeting a unique need of the Warren County School District and approve the request for tuition reimbursement and the requestor's participation in this program by my signature below.

Superintendent's Signature:

Date: 2 - 28 - 08

## WARREN COUNTY SCHOOL DISTRICT PROJECTED CERTIFICATION NEEDS

Foreign Languages

Spanish

French

German

Science

**Physics** 

Chemistry

School Administration

Reading Specialist

Special Education

Autism

Physically Handicapped

Emotional Support

Life Skills

Consumer Science

Technology Education

School Counselor

Educational Technology Integration

Librarian

Additions to Special Education Certificates

Mathematics

Social Studies

Science

Middle Level Certificates

Masters Degrees in the Content Area

Advanced Placement Course Training

Speech Pathology