UNIVERSITY of WISCONSIN-GREEN BAY

College Credit in High School (CCIHS)

Request for Professional Development Stipend Payment

Please complete this form; send original form and supporting documents to Patrick Neuenfeldt, neuenfep@uwgb.edu Forms must be completed and have received approval prior to registration.

Teacher Information		
Name:		
School:		
CCIHS Course Taught:		
Course Information		
Course Title:		
Course Number:		
Institution Offering Course:		
Number of Credits:		
Reimbursement		
Total stipend request amount: \$		
Please note that the maximum reimbursement is \$551.73 per credit.		
Please review your pre-approved request for total eligible		
reimbursement amount.		
Derwined Attachments		
Required Attachments		
Supporting statements: 1) Official grade report.		
2) Proof of paid tuition.		
Review and Signatures		
-	-mail notice once the	e professional development stipend staged for payment.
		r the tax consequences of receipt of this stipend and are solely and
exclusively responsible for the reporting of any compensation derived from labor as required by the United States Internal Revenue or the		
Wisconsin Department of Revenue.		
Employee Signature	Date	Approved Notes:
College Credit in High School Director	Date	Denied