REQUEST TO ACCESS EDUCATION FUND

Please submit a separate FORM 423C for each course.

Teacher Information
Name:
School:

Course Information
Post Secondary Institution and Course Title:
Course Credit Value: _____3 Credits or _____ 6 Credits
Provide a brief description of how this activity supports your professional learning goals. (Continue on separate sheet if necessary)

Tuition Reimbursement
Please complete Administrative Form 423D – Education Fund Expense Claim within 12 months of approval. Provide a current transcript to prove successful course completion for reimbursement of tuition. For more information, please refer to the most recent ATA-HPSD Collective Agreement which can be accessed on the Alberta Teachers' Association website.

Signatures	
Teacher:	Date:
Administrator:	Date:
HPSD Representative:	Date:

Email/scan this form to pd@hpsd.ca at LSC prior to the activity.
Late applications may not be approved.