

Wisconsin Department of Public Instruction SUPPORT OF PROFESSIONAL DEVELOPMENT FUNDS WISCONSIN IMPROVEMENT PROGRAM (WIP) IHE APPLICATION PI-1692-B (Rev. 10-21)

Additional information is available at: <u>http://tepdl.dpi.wi.gov/programs/wisconsin-improvement-program</u>

INSTRUCTIONS: Submit this completed and signed application with supporting documentation by June 1 to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION ATTN: BETH VANDER GRINTEN LICENSING, EDUCATOR ADVANCEMENT AND DEVELOPMENT TEAM PO BOX 7841 MADISON, WI 53707-7841

		GENERAL IN	FORMATION	J			
Institution of Higher Educat	ion				FEIN Number		
WIP Campus Coordinator Name First, Middle, Last			E-Mail Addr	ess			
Telephone Area/No.							
(W)		(H)					
Mailing Address			City		State	Zip	
Intern Reimbursement							
No. of Fall Interns	No. of Spring Interns	Total No. of Int	erns	- - - - - - - - - - - - - - - - - - -	Total R	eimbursement Amount	
				x			

I REQUEST reimbursement of up to \$225 per intern for expenses incurred for professional development activities and/or materials during the WIP intern placement. Reimbursable expenses include amounts that were paid for intern/student teacher seminars, cooperating teacher workshops, professional development materials for interns, etc. I have attached receipts for all expenses. If workshop or seminar expenses were incurred, a list of participants is provided.

Expense Amount	Professional Development Activity/Material Description	Date Month/Year
∢ т	DTAL EXPENSES	

SIGNATURE

I CERTIFY that all information on this form and accompanying documents are true and correct. I understand any false statements will result in denial of payment.

WIP Campus Coordinator Signature Must be original, not a copy.

Date Signed Mo./Day/Yr.

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			FOR DPI USE	
	Approved Approved as amended Disapproved	Reimbursement Amount	If Disapproved, Reason for Disapproval	
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Signature of DPI Official Responsible for Verification

Date Signed Mo./Day/Yr.

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