



Wisconsin Department of Public Instruction  
**SUPPORT OF PROFESSIONAL DEVELOPMENT FUNDS**  
**WISCONSIN IMPROVEMENT PROGRAM (WIP)**  
**IHE APPLICATION**  
 PI-1692-B (Rev. 07-24)

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

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

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

**GENERAL INFORMATION**

Institution of Higher Education	FEIN Number
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WIP Campus Coordinator Name <i>First, Middle, Last</i>	E-Mail Address
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Telephone <i>Area/No.</i>	
(W)	(H)

Mailing Address	City	State	Zip
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Intern Reimbursement			
No. of Fall Interns	No. of Spring Interns	Total No. of Interns	Total Reimbursement Amount
		<b>X</b>	

**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 <i>Month/Year</i>
<b>&lt; TOTAL EXPENSES</b>		

**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 <i>Must be original, not a copy.</i>	Date Signed <i>Mo./Day/Yr.</i>
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**FOR DPI USE**

<input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved	Reimbursement Amount	<i>If Disapproved, Reason for Disapproval</i>
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Signature of DPI Official Responsible for Verification	Date Signed <i>Mo./Day/Yr.</i>
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