



APPLICATION FOR COURSE APPROVAL

I wish to take the course below and hereby apply for approval in order that I may be reimbursed by the School District. Annual maximum 12 credits.

COURSE TITLE #CR. COST/CR. COLLEGE OR UNIVERSITY

I plan to take this course in (month): _____ (year): _____

and I certify that I am not eligible for reimbursement from other agencies.

Name of Applicant _____
(Please Print)

Signature of Applicant _____

School to Which Assigned _____

Grade or Subject Area of Assignment _____

Date of Application _____

Date the First Class Meets _____

I recommend that approval be granted for the above course(s):

Principal / Supervisor Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

The above course is approved for reimbursement:

Superintendent Signature: _____ Date: _____

Note #1

Monies will not be approved or encumbered prior to one month before the first class session of a course. The teacher must then present evidence of registration for the course within fourteen (14) days of the first class session, or the encumbrance will be made available to other members of the bargaining unit on a first come, first serve basis.

Note #2

To receive course reimbursement, following completion of the course, the employee must complete and submit the Reimbursement of Course Credit Costs for is submitted, along with a grade report showing a grade of B or better for the course listed (a B- is not acceptable), and a receipt statement that indicates the per credit cost of the course. The district will not be responsible for the payment of registration fees, books, etc. in connection with the course.