

**COURSE APPROVAL AND REIMBURSEMENT FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

*I am requesting course approval and reimbursement based on the collective bargaining agreement.  
**Approval form must be submitted prior to the start of the course.***

Course \_\_\_\_\_

Institution \_\_\_\_\_

Type of Program:       MA Degree       Professional Certificate       Other

Course Dates: From \_\_\_\_\_ To \_\_\_\_\_

Total Semester Hours Credit \_\_\_\_\_

Total Amount Requested \_\_\_\_\_

Total Amount Approved Upon Successful Completion of Course \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*                      *Date*

\_\_\_\_\_  
*Asst. Superintendent of Schools*      *Date*

\_\_\_\_\_  
*Superintendent of Schools*              *Date*

**REIMBURSEMENT REQUEST**

**Please submit an official transcript to indicate successful completion of course(s).**

Date \_\_\_\_\_

Amount Approved \_\_\_\_\_

Request Denied \_\_\_\_\_

\_\_\_\_\_  
*Superintendent of Schools*              *Date*