

# HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

## APPLICATION FOR APPROVAL OF ADVANCED STUDY

DATE OF APPLICATION \_\_\_\_\_

APPLICANT'S NAME (Please Print) \_\_\_\_\_

This application for advanced study is submitted for **PRIOR APPROVAL** and later reimbursement by the Board of Education. Please read Article IX, Graduate Tuition Reimbursement, in the Board-Association Contractual Agreement before completing this form. **If course is offered online, please refer to Board-Association Contractual Agreement, Page 21-22, Article IX, Section A3 for clarification regarding acceptance of course(s) for approval.**

COLLEGE OR UNIVERSITY: \_\_\_\_\_

TITLE AND NUMBER OF COURSE(S)	ONLINE COURSE (Yes/No)	CREDIT VALUE OF EACH COURSE
1. _____	_____	_____
2. _____	_____	_____

Reason for Course(s) and Remarks: \_\_\_\_\_

(Please attach a copy of the official course description from the college/university)

STARTING DATE \_\_\_\_\_ CLOSING DATE \_\_\_\_\_

\*If the total actual charge per credit exceeds \$ 50.00, please compute the total cost as per the terms of the Board-Association Contractual Agreement (Article IX): "Reimbursement will be subject to the following limitations: .... (d) If the total actual charge per credit exceeds \$ 50.00, the applicant will be reimbursed at the rate of \$ 50.00 per credit or 75% of the actual total charges, (i.e. Cost per credit hour, registration fee, laboratory fee only) whichever is greater."

COST PER CREDIT \_\_\_\_\_

REGISTRATION FEE (if applicable) \_\_\_\_\_

LABORATORY FEE (if applicable) \_\_\_\_\_

TOTAL COST \_\_\_\_\_

\*TOTAL REIMBURSEMENT DUE (75%) \_\_\_\_\_

\*(Subject to career limitations on tuition reimbursement)

I am familiar with and understand that reimbursement is based upon the provisions as stated in the Board-Association Contractual Agreement.

APPLICANT'S SIGNATURE \_\_\_\_\_

ACCEPTED \_\_\_\_\_ DATE \_\_\_\_\_

Superintendent of Schools

REJECTED \_\_\_\_\_ DATE \_\_\_\_\_

Superintendent of Schools