SHARON J11 SCHOOL DISTRICT

Preapproval Request For Advanced College Courses

I am requesting approval of the following graduate course for reimbursement.

1.	Name	
2.	Grade/Subject	
3.	Course Number & Title	
4.	College	
5.	Number of Graduate Credits	
6.	Date Course Begins Ends	
7.	I am enrolled in a Masters Program: Yes No No	
8.	How many graduate hours I have before taking this course	
that, if reimbu	num of the current amount per credit permitted under the Handbook. I unders f I separate from District employment (voluntarily or involuntarily) after receursement, I will be required to pay the District back for the credit reimburse based on the following schedule: If I separate from employment in the District at least two (2) full calendar y from the date that I submit the reimbursement request form to the District, I not be required to repay the District for any of the credit reimbursement costs. If I separate from employment in the District at least one (1) full calendar from the date that I submit the reimbursement request form to the District less than two (2) full calendar years from the date that I submitted reimbursement request form to the District, I shall be required to repay District for fifty percent (50%) of the credit reimbursement costs. If I separate from employment in the District less than one (1) full calendar from the date that I submit the reimbursement request form to the District, I be required to repay the District for one hundred percent (100%) of the creimbursement costs.	eiving ment rears shall s. year the rears year shall shall
Signat	ture Date	

Comments			
☐ Approve☐ Not app	ed proved	Date	
		District Administrator	

IF YOU DO NOT TAKE OR COMPLETE THE COURSE, PLEASE NOTIFY THE DISTRICT IMMEDIATELY.

It will be necessary for you to submit a Credit Reimbursement Request form in order to receive reimbursement.

No reimbursement will be granted without prior approval.

Rev. 8.18