

PERMISSION TO ENROLL IN GRADUATE LEVEL COURSE FOR TUITION REIMBURSEMENT

(Must be submitted prior to registration date)

Name: _____ Date: _____

School: Elementary ___ JH/SH ___ Subject Presently Teaching: _____

Current Area of Certification: _____

Course Title: _____

Course No: _____

Name of College: _____

Course Starting Date: _____ Course Completion Date: _____

of Credit Hours: _____

Cost per credit hour: _____

(The District's reimbursement shall not exceed the SUNY graduate tuition rate)

I affirm that this class is required for my certification: _____

(Teacher Signature)

BUILDING PRINCIPAL

DATE

SUPERINTENDENT OF SCHOOLS

DATE

APPROVED _____ DENIED _____