

REGIONAL SCHOOL UNIT NO. 19

COURSE APPROVAL

Date
Submitted: _____

TO: Superintendent of Schools

FROM: _____ SCHOOL: _____

<u>COURSE NO.</u>	<u>NAME OF COURSE</u>	<u>HOURS</u>	<u>INSTITUTION</u>
_____	_____	_____	_____

Course Begins: (Date) _____

Reason: Degree Credit _____
 B+30 Credit _____
 Recertification _____
 Other: _____

 Approved

 Disapproved

 Other: _____ Date: _____

SUBMIT ALL THREE COPIES

NOTE:

- A, Please refer to Section III, "Reimbursement" of the "comprehensive Contract" for reimbursement for courses.
- B. Please attach institution course description.
- C. The above approval is for R.S.U. # 19 reimbursement programs only. Certification approval toward TAP or credit must go to District Certification Steering Committee.
- D. Third party billing Yes ____ No ____