



Course Approval Request

NAME OF TEACHER: _____ DATE OF REQUEST: _____

DISTRICT SCHOOL: _____

*You must receive the Superintendent's approval **PRIOR** to the start of the course.*

Please provide the requested information for each course being taken. If you plan to take more than two courses, please complete an additional Course Approval Request.

Course Name: _____

College/University: _____

Date Course Begins: _____ Date Course Ends: _____

Tuition Cost: _____ Number of Credits: _____

(Tuition only—Fees are not reimbursed)

Course Name: _____

College/University: _____

Date Course Begins: _____ Date Course Ends: _____

Tuition Cost: _____ Number of Credits: _____

(Tuition only—Fees are not reimbursed)

Approval of Superintendent

Date

Following completion of course(s), please complete a Tuition Reimbursement Application along with evidence of tuition payment and successful completion of course work.