



Information Technology Personnel Course Approval Request Form

NAME OF EMPLOYEE: _____ REQUEST DATE: _____

DISTRICT SCHOOL/DEPARTMENT: _____

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

Please provide all requested information for each course being taken, one semester at a time.

Note: per Ledyard Public Schools Information Technology personnel are eligible for reimbursement for one (1) course per semester or two (2) courses per fiscal year.

Please print, complete, and scan or send this form to the Superintendent's Office.

Course Name: _____

Course Number: _____

College/University: _____

Date Course Begins: _____ **Date Course Ends:** _____

Total Number of Credits: _____ **Tuition Cost per credit:** _____ **Total Cost :** _____

(Tuition only- Fees are not reimbursed)

Approval of Superintendent

Date