



Ledyard Administrator's Association **Course Approval Request Form**

NAME OF STAFF: _____ REQUEST DATE: _____

DISTRICT SCHOOL: _____

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. If you plan to take more than two courses in the semester, please complete an additional Course Approval Request.

Note: per LAA Contract, Article XII B: : If the Administrator is reimbursed for courses by an outside agency or group, the Administrator shall not be reimbursed by the Board.

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)

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