



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

*Note: per Paraprofessionals Agreement, page 7, the reimbursable maximum is for up to three (3) courses per year, at a maximum of \$500 per course.*

**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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Number of Credits:** \_\_\_\_\_ **Tuition Cost per credit :** \_\_\_\_\_ **Total Cost :** \_\_\_\_\_

*(Tuition only—Fees are not reimbursed)*

\_\_\_\_\_  
**Approval of Superintendent**

\_\_\_\_\_  
**Date**