



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:** _____

Tuition Cost: _____ **Number of Credits:** _____

(Tuition only—Fees are not reimbursed)

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Approval of Superintendent

Date