



# 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)*

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*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.

11/2/17