



Ledyard Education Association Course Approval Request Form

NAME OF TEACHER: _____ 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.

Please include a copy of the school's current graduate tuition rate by course credit

Note: per LEA Contract (70.8), the reimbursable maximum is 15 credits or 5 courses per calendar year.

Please complete, print/scan OR send/email 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