COURSE PRE-APPROVAL AND TUITION REIBURSEMENT APPLICATION

Name_____ Date_____

Site Location_____

On Campus_____ Extension_____

Dates of Attendance: From_____ To _____

Course Description

_____

_____

_____

Course Number	Course Name	Semester Hrs. Credit	Cost Per Sem. Hour	Total Cost	Increment Credit Approval Only

Graduate Credit _____ Undergraduate Credit _____

Superintendent's Pre-approval for increment credit advancement _____(initials)

_____ _____
Superintendent Signature Date

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Upon completion of course(s), the original approved form should be sent the Unit Office with the following: (1) grade slip and (2) proof of payment (receipt) for reimbursement to be made.

The teacher will be reimbursed the actual cost of tuition and lab fees (not to exceed $150.00 per semester hour.) The District will be responsible for a maximum of nine semester hours earned per contract year, per teacher. (Reference: Teacher Agreement, Page 23, Section N)

_____ _____ _____
Superintendent Authorization Date Amount Approved