COURSE APPROVAL FORM

(1 course per page please)

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | School: |  |
| Date: |  | Assignment: |  |
| Name of Accredited  College or Institution: |  | Semester/Dates of Course: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course number: |  | # of Credits: |  | Graded Course\* (Y/N): |  |
| Time of Course: |  | Day of the Week Course is Offered: |  | \*Pass/Fail courses require additional Superintendent review & approval for reimbursement. | |

|  |  |
| --- | --- |
| Course name: |  |

**Please attach a course description and cost per credit documentation**

**to avoid a delay in approval.**

Please specify if this is the first, second, third or fourth application for reimbursement for this school year and when each course was taken (Fall, Winter, Spring, or Summer):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1st |  | 2nd |  | 3rd |  | 4th |  |
| F,W,Sp,Su |  | F,W,Sp,Su |  | F,W,Sp,Su |  | F,W,Sp,Su |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cost per credit: |  | X # of Credits |  | = Cost | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Employee |  | Date |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by BOE Office:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Hire: |  | Summer Course? (Y/N): |  | School Year: |  |

As per SWEA/BOE contract, approved reimbursement is at the current average state college rate per credit.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature of Superintendent |  | Date |  | Approved |  | Not Approved |  |