

REQUEST FOR COURSE APPROVAL – WFA MEMBERS
(NOT VALID UNLESS SIGNED BY SUPERINTENDENT)

Name _____ Date of Application _____

School _____ Assignment _____

Organization or College Offering Course _____

Course Number and Title or In-Service Title	Location and Instructor	Total Contract Hours/Credit Hours	Date of Course

Check one of the following:

- Graduate hour rate to be added to my salary
- Full tuition reimbursement at the current SUNY rate
- In-service credit (*Earned when occurs outside of the school day.
15 clock hours = 1 credit hour.*)
- Registration fee to be paid (*Requires a Building Principal's code and signature*)
Budget code _____

Staff Signature

Date

Supervisor's Signature

Date

FOR OFFICE USE ONLY

Course Approval

Superintendent's Signature

Date

1. Copy of form sent to person taking course

Date

Name

2. Registration paid by Business Office

Date

Name

3. Official notice of course completion received

Date

Name