

EAST LYME PUBLIC SCHOOLS

REQUEST FOR COURSE APPROVAL
(Certified Staff)

School Year: _____

1. Employee Name: _____

Course Number & Title	Course Start and End Dates	College/University Name	Number of Credits per Course	Cost Per Credit	Total Cost

Attach Plan of Study or Course Description.

Anticipated Degree: _____

Anticipated Completion Date: _____

Employee Signature: _____ Date Submitted: _____

Credit reimbursements considered upon fulfillment of the requirements outlined in the ELTA/ELBE contract. Reimbursement is granted at the University of Connecticut Graduate level cost per credit with a maximum of six credits per school year, July 1st- June 30th and a final course grade of a "B" or higher. The district cannot exceed the maximum budgeted amount for tuition reimbursement program per school year. Should it exceed the budgeted amount, the reimbursements are reduced proportionately.



For Superintendent's Office Use Only:

____ Approved

____ Not Approved

Superintendent of Schools

Date

(Please print and keep a copy for your records)