



**COURSE APPROVAL REQUEST FORM
ORLAND SCHOOL DISTRICT 135**

TO: HUMAN RESOURCES, Nancy Doyle (ndoyle@orland135.org)

FROM: _____

Name	Building	Assignment	Date
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Course approval is requested for the following course in accordance with Article 20 of the Collective Bargaining Agreement between the Board of Education of Orland School District 135 and the Orland Council of Educators. All courses must be graduate level. **Course approval requests must be received in Human Resources at least two weeks before the class is scheduled to start and prior to registration.**

COURSE ID/NO.: _____ **TITLE:** _____

DESCRIPTION: _____ **SEM. HRS:** _____

NAME OF COLLEGE/UNIVERSITY ISSUING CREDIT: _____

STATE OF COLLEGE/UNIVERSITY: _____

*To be eligible for tuition reimbursement, the college or university must be recognized in the DIRECTORY OF ILLINOIS SCHOOLS or NCATE accredited and the final grade cannot be lower than a "B". **Learners Edge courses must indicate the College/University issuing credits.***

COURSE START DATE: _____ **COURSE END DATE:** _____

Dates must include the first day and last day of class attendance. Tuition reimbursement funds are allocated July 1 – June 30, issuance is based on the date the course is completed. Forms without the date (month/day/year) the course starts will be returned.

***TUITION FEE:** _____ **No reimbursement will be made for registration fees, activity fess, books, etc.*

BASIS FOR COURSE ENROLLMENT: (Please Check All That Apply) Endorsement: ____ License Renewal: ____

District Initiative: ____ State Mandate ____ Curriculum Assignment: ____ Degree Program: _____

HUMAN RESOURCE USE ONLY

CURRENT LANE PLACEMENT: _____ **COURSE APPROVED:** _____ **NOT APPROVED:** _____

TENURE STATUS: _____ Non-Tenured, credit only _____ Non-Tenured, eligible for reimbursement _____ Tenured

NOT ELIGIBLE FOR TUITION REIMBURSEMENT: _____ Not CAEP Accredited/IL School _____ Received less than 2 weeks prior to start of course

COMMENTS: _____

Director of Human Resources

Date

Please do not write in this space. DISTRICT OFFICE USE ONLY

TUITION REIMBURSEMENT

CHARGE TO _____ YEAR

REIMBURSEMENT AMOUNT: _____

COURSE NO. _____

PAID TO DATE: _____

SEMESTER HOURS _____

YEAR TO DATE: _____

APPROVED: _____

MAXIMUM TUITION REIMBURSEMENT MET _____