



BRISTOL WARREN REGIONAL SCHOOL DISTRICT

235 HIGH STREET, 2nd FLOOR, BRISTOL RI 02809

WWW.BWRSD.ORG (401) 253-4000

COLLEGE COURSE PRE-APPROVAL

Complete this section **PRIOR** to attendance. A copy of this form will be returned upon approval.

Name: _____ Building/Assignment: _____

Semester: _____ Credits: _____

Anticipated Reimbursement (**not to exceed \$1,000/yr for BWEA and \$400/yr for C94**):

Name of Course (***Course Description must be attached**) _____

College / University: _____

Employee Signature

Approved by: _____

Superintendent of Schools

Date

Date