

WALLINGFORD SWARTHMORE
SCHOOL DISTRICT

COURSE PRE-APPROVAL/REIMBURSEMENT REQUEST

1. Request Due Dates: **July 1st** (fall courses), **November 1st** (Spring courses), **April 1st** (summer courses)
2. Use one form per course.
3. This form must be submitted and approved before registering for the class.
4. Tuition reimbursement will be made only for pre-approved courses and after receipt of the transcript or grade report and a receipt showing the individual amounts for tuition fees.
5. Tuition reimbursement will be made in accordance with your employment agreement.

A COURSE SYLLABUS IS REQUIRED WHEN SUBMITTING THIS FORM. If the current course syllabus is not available, include the syllabus from a previous semester or course description that includes methods of assessment, meeting times, and method of instructional delivery. Courses **MUST** be either a required or an elective part of a graduate degree program accompanied by the corresponding documentation.

Name _____

Home Address _____

Email Contact : _____ Phone Contact: _____

Primary Location/Building _____ Position _____

Purpose for enrolling: _____

Type of Course:

☐ Credits for Bachelor's +24 (Level II Certification)

☐ Credits for Master's Degree

☐ Credits for Master's + 30 Status

☐ Continuing Education

☐

Credits for Doctorate Degree

☐

Graduate

☐

Undergraduate

☐

Other

College or University _____

Course Title

Course #

Number of Credits

Dates of Course (list specific dates that course will be held or if the course runs a full semester, include the beginning and ending dates): _____

Amount of Tuition (list only the amount of tuition, **not fees or other costs**) \$ _____

Choose the type of course that best fits your course:

☐ Brick & Mortar – classes meet regularly at a location with no classes being conducted on-

☐ line. Hybrid – classes meet occasionally at a location and occasionally on-line.

☐ On-line Only – classes only occur on-line.

Date Submitted _____

Signature of Applicant _____

Human Resources Department:

Pre-approval for school year _____ reimbursement of _____ % = \$ _____

Signature of Superintendent and/or Designee _____

Transcript and receipt received by Human Resources Department on _____

Payment of \$ _____ Authorized by _____ Date _____

\$ _____ Fiscal Year Individual Limit

\$ _____ Total Payment for this fiscal year

\$ _____ Amount of this request

\$ _____ Remainder of Fiscal Year Limit as of this Request

\$ _____ Paid FYTD

Rev. 2024-08-23