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.
6. Tuition assistance will be paid out in accordance with IRS Guidelines.

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:

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

Signature of Superintendent and/or Designee _____

POST COURSE:

Transcript and receipt received by Human Resources Department on_____

Payment $ _____Authorized by _____ Date _____