MONOMOY REGIONAL SCHOOL DISTRICT
Request for Course Approval/Reimbursement Approval

Name:_____Grade/Subject:_____Today's Date: _____

Course Title:_____

(Attach copy of course description)

Justification Statement (relevance to current teaching assignment) _____

_____

_____

_____

Institution Granting Credit:_____Location of institute:_____

Is this an online course? ❒ Yes ❒ No

Course Duration:_____to:_____
m/d/y m/d/y

Course Credit Requested ❒ Yes ❒ No Number of Credits Requested:_____

Reimbursement Requested ❒ Yes ❒ No Tuition Cost $_____

Approval by the building principal must be obtained before submitting to the superintendent's office.

Approval (pending receipt of evidence of official transcript)

Principal_____ Date:_____ (complies with IPDP)

Superintendent_____Date:_____

Business Manager's Reimbursement Approval (if applicable) _____ Date _____ $ _____

For Course Credit and/or Reimbursement, attach official transcript, evidence of payment (original receipt) and return to Business Office.

Business Office Use Only

Processed by Business Office_____Date_____ Account Code

Business Mgr._____ Date_____

Proof of successful completion of course received_____# of Graduate Credits_____ Grade _____