

MSAD #58

Application for Course Approval and Reimbursement

Name: _____ Date: _____

School: _____ Position: _____

Subject Area / Grade: _____

This course is for Bachelor's Credit _____ Master's Credit _____ CEU's _____ Other _____

Name of Educational Institution: _____

Name of Course: _____

Course Number: _____ Semester & Year: _____ Number of Credit/CEU Hours: _____

Tuition Cost: _____

Description of Course: _____

How will this course 1) enhance your ability to perform your job duties, 2) improve student academic performance; and 3) directly relate to the goals of the district: _____

I agree to submit the following upon successful completion of this course:

- Original Transcript(s)
- Copy of course invoice
- Proof of payment of course
(Copy of cancelled check or credit card receipt)
- Reimbursement Form

I understand that I will make full payment for the course at time of registration. At course completion, and with submission of the above items, I will be reimbursed for only the tuition.

I understand that if I do not obtain course reimbursement approval prior to taking the course I may not be reimbursed for any part of the tuition.

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Approved: _____ Not Approved: _____

If not approved, reason why: _____

Superintendent's Signature: _____ Date: _____

Account to be charged: _____

Date last course reimbursed: _____