<u>APPLICATION FOR APPROVAL OF EDUCATIONAL COURSES</u>

TO: SUPERINTENDENT OF SCHOOLS

I am requesting approval to take the following course: **From:** _____ **To:** _____

NAME OF COURSE: _____

COURSE #: _____   **NUMBER OF CREDITS:** _____   **HOURS PER WEEK:** _____

NAME OF COLLEGE, UNIVERSITY OR PROVIDER: _____

ON CAMPUS: Y   N   <u>OR</u>   **ONLINE COURSE:**   Y   N

REIMBURSEMENT OF 75% IF THIS COURSE MEETS THE FOLLOWING REQUIREMENTS IF NOT, 50% WILL BE REIMBURSED:

     IS THIS COURSE REQUIRED FOR NJ CERTIFICATION?   YES _____   NO _____

     IS THIS COURSE REQUIRED FOR PROVISIONAL TEACHER PROGRAM? YES _____   NO _____

     IS THIS COURSE FOR ATTAINMENT TOWARD AN M.A. IN CONTENT
     DISCIPLINE OR M.A. THAT ENHANCES INSTRUCTIONAL CAPABILITY? YES _____   NO _____

     IS THIS COURSE FOR AN EDUCATION LEADERSHIP AND EDUCATION
     ADMINISTRATION COURSE THROUGH AN ACCREDITED PROGRAM?   YES _____   NO _____

BRIEF DESCRIPTION OF COURSE: _____

_____

_____

_____

REASON FOR TAKING THE COURSE: _____

_____

_____

_____

_____   _____
     APPLICANT'S NAME – PRINTED   **APPLICANT'S SIGNATURE**

DATE _____   **RECOMMENDED BY:** _____
                                        ADMINISTRATOR'S SIGNATURE

ADMINISTRATOR'S COMMENTS: _____

_____

<u>**Two copies of this form must be submitted prior to the beginning of each course.**</u>

<u>**Reimbursement instructions are on reverse of this form and must be followed to receive reimbursement.**</u>

<u>FOR OFFICE USE ONLY.</u>

APPLICATION REVIEWED BY: _____   **DATE:** _____
                      DIRECTOR OF CURRICULUM

APPLICATION APPROVED BY: _____   **DATE:** _____
                      SUPERINTENDENT OF SCHOOLS

APPROVED FOR: (Determined by Superintendent)

TUITION REIMBURSEMENT: Y   N   **TUITION AMOUNT:**   75%   50%   **GRADUATE CREDIT:**   Y   N

TUITION REIMBURSEMENT INSTRUCTIONS

1. Complete "**APPLICATION FOR APPROVAL OF EDUCATIONAL COURSES**". Submit **2 copies** of the form to principal for approval prior to beginning of course. Forms must then be submitted to the Superintendent for approval. One copy will be retained by the Superintendent and one will be returned to you for your files. (DO NOT DESTROY OR DISCARD THIS COPY— PLEASE KEEP FOR YOUR RECORDS.)

2. Submit copy of **PAYMENT VOUCHER** for course to Office of Superintendent as proof of registration.

3. Submit **GRADE REPORT OR TRANSCRIPT** showing satisfactory completion of course to Office of Superintendent's office by **June 15th**. (If grades or transcripts are not available prior to June 15, please notify Office of Superintendent to use payment voucher for reimbursement purposes only.) **Please send grade report as soon as possible thereafter for attachment to your records in the superintendent's office.**

4. **PLEASE NOTE:** courses beginning in one school/fiscal year but ending in another school/fiscal year are not eligible for reimbursement until the end of fiscal year in which course is completed. School/fiscal year is July 1 – June 30.

7/15