For Business Office Use Only
Authorization #: _____

Wachusett Regional School District
Application for Approval of Courses for Future Reimbursement

(Use separate form for requesting Tuition Reimbursement)

Applicant: _____ **Position:** _____

School/Location: _____

I request approval for the following course at _____
(College or University)

Complete for Individual Course Request(s):

Course #:	*Title*	*Instructor*	*Course Date(s)*	*Credits*

Reimbursement Requested: $ _____

How will this course(s) assist you in improving student learning/job performance in the District? (Attach additional sheets if necessary):

_____

_____

Is this course for graduate or other credit? (Circle as appropriate) YES NO

If yes, please delineate the type of credit. (Circle as appropriate) PDP Graduate Credit Other

Reimbursement of approved courses requires documentation of successful completion and proof of prior payment forwarded to the Superintendent's Office.

_____
Applicant's Signature Date

Approved **Disapproved**

_____
Superintendent or designee Date

Submit in quadruplicate <u>in advance of the start of the course(s).</u>
<u>Submission of this form does not create an expectation of Reimbursement.</u>

White (Personnel File) * Yellow (Accounting Office) * Pink (Principal) * Goldenrod (Teacher Returned App./Disapp.)