



MID VALLEY SCHOOL DISTRICT

Teacher - Course Approval Request

Directions: Prior approval is required for all courses. Complete and send (1) copy of this form to the district superintendent **no less than thirty (30) days prior to the start of class.** Use a separate form for each course you plan to take.

Name: _____ Date: _____

I am requesting approval to take the following course to obtain:

- | | |
|--|-------------------|
| <input type="radio"/> Masters | 75% Reimbursement |
| <input type="radio"/> Masters Plus Thirty (30) | 75% Reimbursement |
| <input type="radio"/> Masters Plus Forty-five (45) | 50% Reimbursement |

Course Name: _____

College/University: _____ Dates of Attendance: _____

Specify # of Credits to be Reimbursed: _____ *Attach a description of the course, including dates and location.

Please describe how this course is substantially related to the position you hold with the Mid Valley School District.

Upon completion of the course, submit a computer-generated grade report or transcript to the district superintendent. Also attach proof of cost of the class.

(To be completed by district Superintendent)

Limit of 9 credits per year are reimbursable.

Proposed course approved for reimbursement: YES NO

Course will apply to:

- | | |
|--|-------------------|
| <input type="radio"/> Masters | 75% Reimbursement |
| <input type="radio"/> Masters Plus Thirty (30) | 75% Reimbursement |
| <input type="radio"/> Masters Plus Forty-five (45) | 50% Reimbursement |

Signature: _____ Date: _____

Comments:
