



MID VALLEY SCHOOL DISTRICT

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: _____

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 the to the district superintendent. Also attach proof of cost of the class.

(To be completed by district Superintendent)

Limit of 6 credits per year are reimbursable for up to 50% for Masters and 25% for Masters +30

Proposed course approved for reimbursement: YES NO Date: _____

Approved for Masters +30: YES NO Date: _____

Signature: _____

Comments: _____
