



Pre-Approval for Credits

Please list anticipated credit courses in which you plan to enroll.
You must submit this form for approval prior to the time that the course begins.

Please Circle Online Course: Yes No Master's Program: Yes No

Course number and title:_____

Graduate Course? Yes No Beginning and Closing Dates:_____

Credit Value:_____Cost Per Credit: \$_____ Institution:_____

Current Assignment:_____Teaching Certification:_____

Please state your reason why you feel this course should be approved, and how it will help you in your current assignment:

Signature:_____Date:_____

Print Name:_____

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Date:_____Signature:_____

(Director of Human Resources)

Salary Consideration: Yes No Reimbursement: Yes No

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>>>This section is to be completed following completion of the course<<<

Completed with a passing grade on:_____Transcript:_____Proof of Payment:_____

Signature:_____

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>>>To be completed by Human Resources Office<<<

Totals:_____Credits @ \$_____ = Reimbursement: \$_____

Final Approval:_____Signature:_____Date:_____

Entered on permanent employee record (Date):_____

REIMBURSEMENTS ARE PROCESSED: FEBRUARY, APRIL, JULY AND OCTOBER