

Course Approval/Reimbursement Request

Name: _____ Date: _____

Course Approval

Course(s) to be taken at: _____

*I hereby request approval for the following course(s) under
17.08 Reimbursement for Professional Improvement.*

Course No.	Course Title	Semester (Year)	Credits	Approval
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Describe the course(s) and reason for taking:

Reimbursement Approval

Payment will be made upon completion of course work and submission of grade report or transcript for Master's program completion. Proof of registration in acceptable field will be evaluated by the administration and approved by the board. Please attach proof of registration and/or document from University showing cost.

PLEASE ATTACH PROOF OF REGISTRATION AND/OR
DOCUMENT FROM UNIVERSITY SHOWING COST PER CREDIT

\$ _____ Per credit for each of _____ Continuing Ed. credit.

(Max of \$100/credit – up to 6 per year)

\$ _____ Per credit for each of _____ Master's Degree credit.

(Max of \$200/credit – up to 6 per year)

\$ _____ Total Claim

Administrator: _____ Date: _____