SCOTCH PLAINS-FANWOOD SCHOOL DISTRICT COURSE PRE-APPROVAL FORM I

TO: SUPERINTENDENT/DESIGNEE	DATE:
FROM:	LOCATION:
SUBJECT:	GRADE/ASSIGNMENT:
YEAR: SEMESTER:	(Summer) (Fall) (Winter)
CHECK HERE IF YOU ARE APPLYING FOR: (1) Approval for tuition reimbursement	
(2) Approval for salary advancement	
(3) Both	
PLEASE SEEK COURSE APPROVAL PRIOR TO REGISTRATION WITH ACCREDITED COLLEGE OR UNIVERSITY AND COMPLETE A SEPARATE FORM TO REQUEST PRE-APPROVAL FOR EACH COURSE.	
Tuition Cost: \$ Credit Hours:	Tuition Cost Per Credit: \$
Course Title:	
Course Number:Start Date:	// End Date://
YOU MUST ATTACH A COPY OF THE COURSE DESCRIPTION	
Name of Accredited College/University:	
Address of Accredited College/University:	
Is this a graduate level course?YESNO	
Is this course part of a matriculating program?NOYES – DEGREE:	
THIS COURSE DIRECTLY RELATES TO:	
(1) Current assignment or future job responsibilities within the District	
(2) An Additional Certification	
(3) A Promotional Assignment	
Please explain how:	
EMPLOYEE SIGNATURE:	
FOR SUPERINTENDENT OFFICE USE ONLY:	
Date Received:	Not Approved:
Approval Signature:	Approval Date:

Revised 1/2/13

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