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

TO: SUPERINTENDE	NT/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 Hou	rs: 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:

Revised 1/2/13

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