**MUNCY SCHOOL DISTRICT**

Request for Course Approval

**Complete fillable form, print, sign, attach course description or other appropriate**

**information for the requested course below and forward to the District Office.**

Name: Click or tap here to enter text.

Name of University/College: Click or tap here to enter text.

Course Number: Click or tap here to enter text.

Course Name: Click or tap here to enter text.

Course Credits: Click or tap here to enter text.

Tuition Costs: $ Click or tap here to enter text.\*

Course Dates: Click or tap here to enter text.

**\*If seeking a tuition prepayment waiver from the college:**

Check with college or university to confirm that they will grant a tuition prepayment waiver. Attach completed college prepayment waiver to request.

Is this course toward a Master’s Degree? [ ] Yes [ ] No

For faculty hired before June 1, 2001 only. Is this course toward a Master’s Equivalency Certificate? ◻Yes 󠄀◻No

Is this course toward a Special Certificate? [ ] Yes [ ] No

Please describe how you hope to utilize the course content in carrying out your professional duties:

Click or tap here to enter text.

**The above credits for which reimbursement is requested are for work related to my teaching field. I understand that I should not request reimbursement for any course covered by a grant or scholarship.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TO BE COMPLETED AT DISTRICT OFFICE**

Administrative Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Superintendent

Year-to-Date Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Remaining Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 3/2021