DOVER SCHOOL DEPARTMENT – SAU #11 61 LOCUST ST. SUITE 409 DOVER, NEW HAMPSHIRE 03820

APPLICATION FOR COURSE APPROVAL

TO: THE SUPERINTER	NDENT OF SCH	OOLS			
FROM:				DATE:	
APPLIC	CANT'S NAME (F	Please Print)			
I DESIRE TO TAKE TH	IE FOLLOWING	COURSES, S	STARTING		
AND CONCLUDING ON .				Date	
	Date				
		Number	Certification	_	
Name of Course	College or University	of Credits	Graduate, or Undergraduate	Cost per Credit	Total Cost
	<u>, </u>				
Are these courses a part of an approved graduate program leading to a Masters, CAGS (or Equivalent) Degree? Yes No					
If courses are approved, I understand that I must submit transcripts of my grades for these courses to be considered for reimbursement. I further understand that reimbursement is paid in accordance with the local school district policy. Proof of payment for course must be submitted to receive reimbursement.					
Current Position			Applicant's Sig	nature	
Are the above courses job-related, i.e. will they improve your performance in your current position? Yes No					
NOTE: Course reimbursement may be considered by the IRS as taxable compensation under some circumstances.					
Principal's Signature					
			- 1	.	
TO:			DATE:		
This is to notify you tha	t the course or co	ourses listed a	above (are) (are no	ot) approved for	reimbursement.
Conditions for approval: Grade of B or better H.R. Approval:					
Reason(s) for denial:					
Amt. eligible for reimb.:	No. of credits	times An	nount per Credit		Total:
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SUPERINTENDENT OF SCHOOLS SIGNATURE