MONOMOY REGIONAL SCHOOL DISTRICT **Request for Course Approval/Reimbursement Approval**

Name:	Grade/Subject:	Today's Da	ate:	
Course Title: (Attach copy of course description)				
(Attach copy of course description)				
Justification Statement (relevance to current teaching assignment)				
Institution Granting Credit:	nstitution Granting Credit:Location of institute:			
Is this an online course? ☐ Yes ☐ N	10			
Course Duration: m/d/y	to:	/A/v.		
Course Credit Requested				
Reimbursement Requested Yes No Tuition Cost \$				
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A				
Approval by the building principal must be obtained before submitting to the superintendent's office. Approval (pending receipt of evidence of official transcript)				
Principal	• ,	(complies with IP	וסטס	
		_ (Compiles with I	Dr)	
Superintendent	Date:	-		
Business Manager's Reimbursement Approval	(if applicable)	_ Date	\$	
For Course Credit and/or Reimbursement, attach official transcript, evidence of				
payment (original receipt) and return to Business Office.				
Business Office Use Only				
Processed by Business OfficeDat	te Accour	nt Code		
Business Mgr	Date			
Proof of successful completion of course receiv		- Graduate Credits	Grade	