

APPENDIX D

Course Approval for College Tuition Reimbursement

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course Title: \_\_\_\_\_ Semester Hrs. \_\_\_\_\_

College Level Course: \_\_\_\_\_ Start Date: \_\_\_\_\_

Reason(s) to request approval:

\_\_\_\_\_ Course to addresses the needs of serving students with disabilities and/or student behavior management.

\_\_\_\_\_ Course is a requirement for a Master's Degree program.

\_\_\_\_\_ Course is needed to gain legal qualification for additional teaching certificate(s) approved by the Illinois State Board of Education. Undergraduate courses will be reimbursed only for gaining legal qualifications under this Reason. All other course reimbursement for other Reasons is limited to graduate level courses.

\_\_\_\_\_ Course is required or requested by the Board/Administration to meet the needs of the District.

\_\_\_\_\_ Course is needed to develop knowledge and skills in technology, math, reading, science, standards and assessments and goals relevant to District's School Improvement Plan, to meet ISBE State Standards, or to advance knowledge and skills in teaching assignment areas.

Course Description:

- o Copy of description is attached.
- o Written Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Superintendent:

- o Yes, I give my approval for the employee to take this course for tuition reimbursement.
- o No, I cannot give my approval for the employee to take this course for tuition reimbursement for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

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