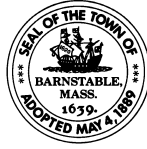


# BARNSTABLE PUBLIC SCHOOLS



## REQUEST FOR COURSE APPROVAL & REIMBURSEMENT OF TUITION COSTS

**Prior to the start of the course (30 days recommended) - Complete All of Part A - Submit to the Assistant Superintendent for approval. Once approved, this form will be returned to you. Keep this form to complete Part B after completion of the course.**

**Part A:** Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_ BTA \_\_\_\_\_ Para \_\_\_\_\_ BAO \_\_\_\_\_

Name of Course: \_\_\_\_\_ Name of College/University: \_\_\_\_\_

Specific Start Date of Course: \_\_\_\_\_ Number of Graduate Credits: \_\_\_\_ Course Cost: \_\_\_\_\_

Course Description Attached \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Aligned to School, district, and/or teachers goals.

Approved (Principal/Director): \_\_\_\_\_ Date: \_\_\_\_\_

Approved (Superintendent or Designee): \_\_\_\_\_ Date: \_\_\_\_\_

## **Part B: TO BE COMPLETED BY CENTRAL OFFICE (Reimbursement Period is JULY 1 - JUNE 30)**

Cost: \$ \_\_\_\_\_ Previous Reimbursement: \$ \_\_\_\_\_ Approved Reimbursement: \$ \_\_\_\_\_

Approved: (Superintendent or Designee) \_\_\_\_\_ Date: \_\_\_\_\_

## **Part C: UPON COMPLETION OF THE COURSE FORWARD THE FOLLOWING TO THE ASSISTANT SUPERINTENDENT**

- A. 1 Copy of Official Transcript showing: (a) course completed (b) a grade of "B-" or better.
- B. 1 Copy of bursar's receipt or canceled check showing cost of tuition.
- C. This original signed form

### **FOR OFFICE USE ONLY:**

Purchase order # \_\_\_\_\_

Requisition # \_\_\_\_\_

Date Returned to School \_\_\_\_\_ Date of Processing \_\_\_\_\_

Vendor Number \_\_\_\_\_

