

PLAINVILLE PUBLIC SCHOOLS
Course Reimbursement Form

Office Use Only

FY _____

_____ Course

To: Superintendent of Schools

From: _____ Grade/Area _____

Date: _____

Re: **Request to Receive Reimbursement for an Approved Course For Credit**
(must be submitted prior to taking the course; deadline is April 15 to submit form)

Title of Course: _____

Institution Granting Credit: _____

Number. of Semester Hours of Graduate Credit: _____

Is This Course Part of a Degree Program? Yes ☐ No ☐

Cost of Course: _____

Start Date: _____ Completion Date of Course: _____

☐ Course description attached

Please Note: Upon completion of the course, you must submit a transcript, proof of payment (a bank statement or credit card statement with your name on it) and the Request for Check Form.

In what way will you and/or your students benefit from this course? Please explain.

Applicant Signature _____

☐ Recommended

☐ Not Recommended

Superintendent's Signature Date

Office Use Only

Date Received: _____

Transcript ☐

Receipt ☐