

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)

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 and Completion Date of Course: _____

Please Note: You must attach a copy of the course description. And upon completion of the course you must submit final grade and proof of payment to receive reimbursement.

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

Applicant Signature _____

☐ **Recommended**

☐ **Not Recommended** _____ **Superintendent's Signature** _____ **Date**

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Date Received: _____ **Transcript** ☐ **Receipt** ☐