

PLAINVILLE PUBLIC SCHOOLS  
Course Reimbursement Form

Office Use Only
FY _____
_____ Course

To: Superintendent of Schools

From: \_\_\_\_\_ Grade/Area \_\_\_\_\_

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

Re: **Permission to Receive Reimbursement for an Approved Course For Credit**  
(must be submitted prior to taking the course)

Title of Course: \_\_\_\_\_

Institution Granting Credit: \_\_\_\_\_

No. of Semester Hours of of Graduate Credit: \_\_\_\_\_

Is This Course Part of a Degree Program?    Yes     No

Cost of Course: \_\_\_\_\_

Days & Time This Course Will Meet: \_\_\_\_\_

**Please Note:    Attach a copy of the course description from the catalog.**

In what way will you and/or your students benefit from this course? Please explain. _____ _____ _____ _____
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<b>Applicant Signature</b> _____
<input type="checkbox"/> <b>Recommended</b>
<input type="checkbox"/> <b>Not Recommended</b> _____
<b>Superintendent's Signature</b> <b>Date</b> _____

**You must submit appropriate receipts, transcripts, etc. upon completion of the course and before June 30<sup>th</sup> in order to receive reimbursement.**

<b><u>Office Use Only</u></b>		
<b>Date Received:</b> _____	<b>Transcript</b> <input type="checkbox"/>	<b>Receipt</b> <input type="checkbox"/>