8/1/2023

RSU 16 Course Approval

Employee Name: _____School: _____

Check One: ____ Teacher Contract ____ Support Staff Contract

I am seeking (check one)

❏ **Prepay**	❏ **Reimbursement**
I understand, I must... ❏ Submit this form 4 weeks prior to the course registration deadline. ❏ Attach a course description. ❏ Submit a transcript for completed course within thirty (30) days of course completion.	*I understand, I must...* ❏ Submit this form 4 weeks prior to the course registration deadline. ❏ Attach a course description. ❏ Submit proof of payment. ❏ After you complete the course, submit a transcript and a copy of this signed form to Central Office.

Course Provider Name: _____

Course Number: _____ **Course Title:** _____

Course Begin Date: _____ **Course End Date:** _____

Tuition cost per credit hour $_____ **Credit hours**_____ **Tuition Cost $**_____

I have read and understand the Course Reimbursement procedure and expectations (Article 13) in my contract.

Employee Signature: _____ Date: _____

Submit this form 4 weeks prior to the course registration deadline

<u>If</u> you plan to move to the Master's scale for the next contract year, read and sign:
Any teacher who anticipates moving to the Master's scale for the next contract year must notify the Superintendent in writing prior to February 1st. Documentation of receipt of the Master's degree must be provided prior to the start of the new contract year.

Employee Signature: _____

Office Use Only

___ Approved ___ Not Approved
Principal/Supervisor Signature: _____ Date: _____

___ Approved ___ Not Approved
Superintendent/Superintendent Designee: _____ Date: _____

___ Copy sent to staff if Reimbursement box checked