

ROCKLAND PUBLIC SCHOOLS
ROCKLAND, MASSACHUSETTS
COURSE APPROVAL & REIMBURSEMENT FORM

Section I: Initial Request (COMPLETED BY EMPLOYEE, SUBMIT IN DUPLICATE TO PRINCIPAL)

Name: _____

Position: _____ School: _____ Date: _____

COURSE NAME & NUMBER: (MUST ATTACH COURSE DESCRIPTION): _____

_____ Part of a DEGREE Program? YES or NO (Circle)

INSTITUTION Granting Credits: _____ NUMBER of Graduate Credits: _____

LOCATION of course (town name or "online"): _____ Start & End DATES: _____

Purpose / Relevance to Professional Goals: _____

The above credits are intended to be applied toward: Please Check One

B+15 ___ B+30 ___ MA ___ MA+15 ___ MA+30 ___ MA+45 ___ PhD ___ NA ___

Cost of Course (Tuition, Fees, Transcripts) : \$ _____

(For initial approval, you must attach documentation of all expected costs)

Section II: Course Approval Determinations (COMPLETED BY ADMINISTRATION, ONE COPY TO EMPLOYEE, ONE COPY TO ADMINISTRATION)

A. Recommendation Determination by Principal/Director: Select, sign, date & submit to cent. office

Recommended for Reimbursement _____ Not Recommended for Reimbursement _____

Recommended for Horizontal Movement _____ Not Recommended for Horizontal Movement _____

Principal/Director Signature _____ Date: _____

B. Approval Eligibility Determinations by Central Office: Select, sign, date & return 1 copy

Business Admin Initials: Eligible Reimbursement Approved _____ Not Approved _____

PD Admin Initials: Eligible Horizontal Movement Approved _____ Not Approved _____

Superintendent's Signature: _____ Date: _____

Section III: Post-Course Reimbursement Request (COMPLETED BY EMPLOYEE, SUBMIT ACCOMPANIED BY THIS SHEET WITH ALL SIGNATURES ON FRONT)

I certify that this information is true and complete to the best of my knowledge under the penalties of perjury.

Final Cost of Course (Tuition, Fees, Transcripts) \$_____

Employee Signature: _____ Date: _____

***Attach copy of Transcript /Final Grade and proof of payment i.e.* Copy of Check or Bank Statement (YOUR NAME MUST APPEAR ON THE COPY, DO NOT HAND WRITE IT) Copy of paid bill along with copy of Credit Card showing name & last four digits.**

Section IV: Final Approval (COMPLETED BY CENTRAL OFFICE, EMPLOYEE NOTIFIED UPON COMPLETION)

Approval Determinations by Central Office: Select, sign and date

Business Admin Initials: Reimbursement Approved & Made _____ Not Approved _____

PD Admin Initials: Horizontal Movement Approved & Recorded _____ Not Approved _____

Superintendent's Signature: _____ Date: _____