**Regional School District #18**

**Lyme-Old Lyme Public Schools**

**REQUEST FOR COURSE APPROVAL**

Employee Name: Enter name

Course (number and title): course number and title

Name of School: college/university

Starting Date: starting date Ending Date: ending date

Catalog description or statement regarding the value of the course to the school.

Course description

**Check all that apply**:

This course is directly related to my teaching assignment. (If no, please explain.) Yes  No

Enter explanation here.

This course is part of an approved planned program. Yes  No

A copy of the planned program is on file in the Office of the Superintendent. Yes  No

Projected Tuition Cost: tuition cost

**NOTE: Verification of your actual costs will need to be submitted at the time you request pre-payment or reimbursement.**

*Please refer to union contracts for tuition reimbursement guidelines: RETA Contract, page 5; LOLA Contract, page 13; AFT Contract, page 28.*

Do you plan to submit this application to the Career Incentive Committee in order to request an up-front pre-payment? (**Available only to those who have been teaching in the district for 2 years.**)

Yes  No  Already Approved

Date Submitted: date Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please print and sign this form as a signature is required.)*

For Superintendent’s Office Use Only

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

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

Superintendent of Schools