

College Coursework Permission Request Form

Teacher's Name _____

College or University _____

Title of Course _____ Course Number _____

Use a separate form for each course requested

Number of Semester Credit Hours _____

Instructor's Name _____

Brief Description of Course _____

Course Start Date _____ End Date _____

Is this course being taken to meet the academic coursework requirement of the Reduction in Force language in Article V.G. Yes ___ No ___

If yes, list the area of certification this coursework applies to:

Per the LCCTA contract, the maximum amount a teacher can be reimbursed each year is \$1,800. The year runs from Sept. 1st-Aug. 31st

In order to be reimbursed per the LCCTA contract, I agree that I must:

1. Receive a "B" or better grade in the course taken
2. Prepare a course summary for the Superintendent
3. Submit a transcript or a grade report
4. Submit a copy of my receipt indicating payment for this course

Teacher's Signature _____ Date _____

Approved _____ Denied _____

Superintendent's Signature _____

For office use only

Course Summary Received _____

Superintendent's Signature _____ Date _____

Transcript/Grade Report Received _____

Treasurer's Signature _____ Date _____

Amount to Reimburse Teacher \$ _____