

Groton-Dunstable Regional School District

**COURSE APPROVAL**

***PRIOR approval for ALL courses is required for future lane changes and course reimbursement.***

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

College/Offering Institution: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Tuition Cost **ONLY**: \_\_\_\_\_ Number of College credit: \_\_\_\_\_ Number of hours (if auditing): \_\_\_\_\_

The course is related to my current or anticipated assignment: \_\_\_\_\_ Yes \_\_\_\_\_ No

The course supports Massachusetts Curriculum Frameworks: \_\_\_\_\_ Yes \_\_\_\_\_ No

The course supports Individual Professional Development (IPDP): \_\_\_\_\_ Yes \_\_\_\_\_ No

***Please attach an official course description and documentation indicating cost per course.***

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

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

**COURSE REIMBURSEMENT REQUEST**

***Please attach a receipt or cancelled check and a copy of the course grade report or letter/certificate from the instructor stating that "all requirements of the course have been met".***

**Reimbursement Period is July 1<sup>st</sup> through June 15<sup>th</sup>.**

**Submitted Documents:**

\_\_\_\_\_ Course Approval

\_\_\_\_\_ Proof of Payment

\_\_\_\_\_ Grade

\_\_\_\_\_ Course Description

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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