

# Carbondale Area School District

## TUITION REIMBURSEMENT PRE-APPROVAL FORM

NAME: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

IS THIS AN ONLINE COURSE? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please attach description and catalog page

WILL YOU RECEIVE COMPENSATION OR REIMBURSEMENT FROM ANY SOURCE OTHER THAN CARBONDALE AREA SCHOOL DISTRICT? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please indicate amount \_\_\_\_\_.

DATES OF COURSE: \_\_\_\_\_

Please Check Current Level of Education:

Post Permanent Certification \_\_\_\_\_ Masters \_\_\_\_\_ Masters +30 \_\_\_\_\_ Masters +45 \_\_\_\_\_

Masters +60 \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
APPROVAL/DENIAL DATE