

APPLICATION FOR COURSE APPROVAL

Contract Rate

\$100 per sem

College or University offering "Graduate" course: _____

Course Title: _____ Course Number: _____

Semester Hours: _____ Beginning Date: _____ Ending Date: _____

Is this course pertinent to Education? YES NO

Is this subject relevant to subject taught? YES NO

Grade card and/or transcript and receipt must accompany all copies of this card for reimbursement.

Current Contract states: Section 9.4 The Board of Education will pay up to 9 semester hours per school year for courses taken during that time. Courses must have the Superintendent's approval and earn a grade point average of "A" or "B" or receive a "Pass" in the event such courses are only evaluated on a Pass/Fail basis. **The Board of Education shall only pay for up to 36 semester hours of approved class work during the employment of the teacher at CUSD #3.**

I wish to receive payment at the current contract rate.

YES NO

Please Use to ADVANCE ON PAYSCALE YES NO

Teacher's Signature

Date

E-Mail Address

Superintendents Signature

Date

APPROVED

DENIED