

TEWKSBURY PUBLIC SCHOOLS
Tewksbury, Massachusetts



COURSE REQUEST FORM

This form must be submitted prior to the start of the course

Staff Member:		Date:	
School:		Grade or Subject:	
Title of Course:		University/College:	
Meeting Date(s):	Time:	Location:	
Reason(s) for attending:		Brief Comment:	
_____ Supports system goal		_____	
_____ Supports school goal		_____	
_____ Re-certification		_____	
_____ Other			
Course Cost: _____		# of Credits: _____	
Signature: _____			
ACTION BY CENTRAL OFFICE			
Approved:	Disapproved:	Date:	
Comments:			
Reimbursement approved for a sum not to exceed \$:			
Acct. # to be charged:	Authorized Signature:		

Upon completion of course, please submit a transcript or grade report and a receipt of tuition payment at the time of the request for reimbursement.

NOTE: PARTICIPATION IN THE PROGRAM IS LIMITED TO ONE REQUEST PER FACULTY MEMBER EACH YEAR. THIS PROGRAM WILL BE IN EFFECT FOR EACH SCHOOL YEAR UNTIL THE LIMIT OF DEDICATED AMOUNT HAS BEEN REACHED.

Please attach a copy of the course description with application.

After action by the Administration, a copy will be returned to the person making the request and another copy will be filed in the staff member's portfolio.

Central Office Copy

Person Making Request

Portfolio Copy