

Maine School Administrative District No. 49

*Albion * Benton * Clinton * Fairfield
8 School Street, Fairfield, ME 04937*

Date: _____

COURSE APPROVAL REQUEST

Name: _____ Position: _____

School: _____ Grade: _____

Name of College/Institution: _____ Course Number: _____

Is Course part of a degree program approved by the district? Yes No

Name and Description of Course: _____

Number of Credits: _____

Date Course Begins: _____ Date Course Ends: _____

Are you currently taking or planning to enroll in any other course?

Yes No If yes, name _____

If you are currently taking a course, what is the ending date? _____

Estimated Tuition Cost: _____

Where will course be offered? _____

Is course part of degree program? _____

Explain why you want to take this course and what instructional skills you expect to gain from it.

Continue on Page 2

How is this course directly related to your teaching position?

Form must be submitted prior to starting course work. Employees must submit a grade at successful completion of course and proof of cost of course to receive reimbursement.

Signature: _____

Date: _____

Supervisor's Recommendation: Approve _____ Disapprove _____

Supervisor's Signature : _____

Date: _____ Account to be Charged: _____

Superintendent's Action: Approve _____ Disapprove _____

Superintendent's Signature _____

Date: _____ Account to be Charged: _____
