CLINTON TOWNSHIP SCHOOL DISTRICT
GRADUATE COURSE APPROVAL REQUEST FORM

(Separate forms must be submitted for each course taken)

(Circle One) **SRS** **PMG** **RVS** **CTMS** **CTSD**

Name of Staff Member: _____

Name of College, University or Website: _____

Semester and Year course will be taken: _____ Number of Credits: _____ Cost per Credit: _____

Name and number of course: _____

Is this a Graduate course? _____

Is this course being taken for Certification? _____

What type of Certification? _____

Degree standing at completion - _____

Please ATTACH the course description and requirements for degree completion.

_____ _____

Employee Signature Date

Reimbursement to staff members whose course application has been approved will be made in accordance with the terms and conditions of the Agreement by and between the Clinton Township Board of Education and the Clinton Township Education Association.

Approval by the Superintendent does not guarantee tuition reimbursement.

Application Deadlines:

Fall Courses	Spring Courses	Summer Courses
July 1	November 1	April 1

Specify Summer Course Dates: _____

Staff members should submit this form in its entirety first to the Director of Curriculum.
A fully executed copy will be returned for your records.

DIRECTOR OF SPECIAL PROJECTS

Approved Disapproved

_____ _____

Director of Special Projects Signature Date

SUPERINTENDENT'S REVIEW (Approval does not guarantee tuition reimbursement)

Approved Disapproved

_____ _____

Superintendent Signature Date