

**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**

**Course Beginning Date:** \_\_\_\_\_ **Course End Date:** \_\_\_\_\_

*Please refer to your employment contract for post-course reimbursement submission deadlines.*

***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