

MANSFIELD PUBLIC SCHOOLS

APPLICATION FORM FOR COURSE APPROVAL

Name: _____ Date Submitted: _____
Home Address: _____
School: _____ Grade/Subject Taught: _____
Course Title: _____
Educational Institution offering the course: _____
Date of Course: _____
Format of Course: ___ Online ___ Face to Face ___ Hybrid (part online, part face to face)
Tuition: _____ Total Credits: _____
FY: ___ First Request: ___ Second Request: ___

Attach a copy of: catalog description verification of graduate credits & name of institution/organization.

UPON SUCCESSFUL COMPLETION OF YOUR COURSE WORK, PLEASE SUBMIT:

1. TRANSCRIPT- MUST HAVE YOUR NAME ON IT
2. VERIFICATION OF PAYMENT: Back and front of cashed check Or Statement from bank or university MUST HAVE YOUR NAME ON IT.
3. MUST HAVE CURRENT HOME ADDRESS FOR CHECK PAYMENT.

PRINCIPAL:

Only pre-approved requests are authorized for credit and / or reimbursement

Staff Applicant's signature _____ Date: _____
Building Administrator: _____ Date: _____

Please send completed form to Janet Quinn at the Central Office. No approval should be assumed until a copy of approval form is returned signed by Assistant Superintendent.

YOUR REQUEST HAS BEEN: _____ Course Approved _____ Reimbursement Approved

Assistant Superintendent Approval: _____ Date: _____

Comments or Conditions: _____

**** For any reason you decide not to take this course, please notify Janet Quinn at the Central Office as soon as possible) 508-261-7500 ex: 10224