GREENFIELD PUBLIC SCHOOLS

COURSE APPROVAL FORM

(Must be submitted to the Superintendent at least **two weeks prior to the start of the course**.)

Date Submitted__________________

---

**Course Payment Information from Teacher Contract**

*Teacher Contract 7/2008-6/2011*

**ARTICLE VII**

A. District-wide programs, incentives, and goals requiring professional development shall be the first priority in allocating money.

B. The Committee will pay the cost of tuition, for in service courses at accredited colleges, universities or other professional training schools, which are taken with the advance approval of the Superintendent of Schools. **Approval for courses** shall be based upon the teacher’s submission of a course description and a statement of how the course is related to his/her current teaching position. Such approval will not be unreasonably withheld. The amount of tuition paid to a teacher will not exceed the University of Massachusetts rate per credit hour and related course fees at the time of application.

No teacher shall be entitled to reimbursement in excess of the above-mentioned limit, nor be entitled to reimbursement for more than six (6) credit hours in any twelve (12) month period. The total annual reimbursement amount for the bargaining unit will not exceed $35,000.

---

**Employee Name:** ____________________________ **Current School/Position:** ____________________________

**Name of Course:** ____________________________ **Day/Dates of Course:** ____________________________

**Name of Accredited College/University or Provider:** ____________________________

**How is this course related to your teaching position?**

*You may expand.*

□ Course Description is attached, as required. _______ Yes _________ No

□ Will a substitute be needed? _______ Yes _________ No

---

**Estimated Expenses:**

Estimated Cost of Tuition for this Course (Not to Exceed UMass Tuition Rate per Credit): $___________________

**TOTAL ESTIMATED EXPENSES:** $___________________

---

_______ Approved _________ Not approved

______________________________  ________________________________  ________________

Principal  Date

_______ Approved _________ Not approved

______________________________  ________________________________  ________________

Superintendent  Date

**Account No.:__________________  □ Title II  □ Special Ed  □ General Fund  □ Other:______________**

---

Reimbursement for amount estimated: $___________________

Vendor No.: ____________________________

---

REIMBURSEMENT FOR TUITION WILL BE PROCESSED WHEN ORIGINAL PROOF OF PAYMENT AND TRANSCRIPTS ARE RECEIVED IN THE BUSINESS OFFICE. THANK YOU.

Revised 08/22/2016