

HOLLISTON PUBLIC SCHOOLS

COURSE APPROVAL FORM

NAME: _____ SCHOOL: _____

DEPARTMENT/LEVEL: _____ SUBJECT: _____

COURSE TITLE: _____

ORGANIZATION/INSTITUTION OFFERING COURSE: _____

WILL YOU REQUEST REIMBURSEMENT? YES _____ NO _____

NUMBER OF CREDITS: _____ COST PER CREDIT: _____

SEMESTER/DATE OF COURSE: _____

LEVEL: GRADUATE _____ UNDERGRADUATE _____

PART OF GRADUATE PROGRAM? MASTERS _____ DOCTORATE _____

OTHER (please specify): _____

BRIEF DESCRIPTION OF COURSE: _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SUPERINTENDENT OF SCHOOLS/DESIGNEE

DATE

APPROVED: _____

NOT APPROVED: _____

COMMENTS: _____

BEFORE SIGNING THIS FORM, PLEASE READ ARTICLE IV SECTION B, D AND E OF THE HFT CONTRACT FOR PROCEDURES IN REQUESTING TUITION REIMBURSEMENT, COURSE CREDITS, AND PLACEMENT ON SCHEDULES.

**FORWARD THIS FORM DIRECTLY TO THE SUPERINTENDENT OF SCHOOLS
(FOR REIMBURSEMENT – SUBMIT TUITION REIMBURSEMENT REQUEST FORM
WITH ALL REQUIRED DOCUMENTS)**