

## Oradell Public School District

School Year 20\_\_\_\_-20\_\_\_\_

Our children, our hope, our future

## **COURSE APPROVAL FORM**

Name:	Date of Request:
Place an X for: Fall Semester Spring Seme	ester Summer
Superintendent's office prior to registration. The Centra administrative review and action. After receiving notificat received after registration will not be approved or reimbur	al Form to your Principal/Supervisor first <u>and then</u> to the al Office will forward to you a copy of this form, indicating tion of approval, register and pay for the course(s). <u>Requests rsed</u> . Reimbursement will occur upon successful completion of <u>ranscript</u> and acceptable receipt of payment. Submit your
Accredited School, University, or Institution at which course	e will be taken:
Name and Catalog Number of Graduate Level Course:	Date and Time of Course:
Course Description (please be specific and attach copy from	m institution):
Number of credits to be earned:	
Name and Catalog Number of Graduate Level Course:	Date and Time of Course:
Course Description (please be specific and attach copy from	m institution):
Number of credits to be earned:	
graduate work per year at the rate of half the Rutgers Gradu (https://www.chea.org/search-institutions), and the class mu	lell BOE, the Board shall pay teachers for up to nine (9) credits of uate rate per credit. Classes must be from an accredited program ast result in graduate credits (not course units). Class credits must edited in education either at the university offering the class or ugh you do not have to be enrolled in the program.
Teacher's Signature	
*********************	*****************
Recommended Not Recommended	
Supervisor's Signature	Date
Approved Not Approved	_
Superintendent's Signature	Date
ORIGINAL: Superintendent COPY: Staff Member	COPY: Accounts Payable 01/22