

**DOUGLAS PUBLIC SCHOOLS
COURSE AUTHORIZATION REQUEST FORM**

Must be completed and submitted for approval prior to registering for a graduate level course

Name _____ School _____

Home Address _____

Position _____

Title of Course _____

(Attach Course Description)

College/School _____

Beginning and Ending Dates of Course _____

Relationship of System/Individual Professional Objectives _____

of Graduate Level Credit Hours _____

Current Position on Salary Schedule _____

What step in the salary column will you advance to upon completion of this course (if applicable)?
_____ (for salary advancement official transcripts must be submitted to the Superintendent's Office)

Degree/Program _____ Estimated Cost of Course _____
(Attach tuition cost)

Reimbursable Amount _____
(Not to exceed \$1,000 per school year)

Principal's Approval/Disapproval* _____ Date _____

Superintendent's Approval/Disapproval* _____ Date _____

You are required to remit the following, along with this Course Authorization Request Form in order to receive approval:

- Course Description
- Estimate Cost of Course

Upon completion of course, please complete a separate Course Reimbursement Request Form. You will be required to remit the following, along with the Course Reimbursement Request Form, for reimbursement:

When you complete the Course Reimbursement Request Form, you will be required to provide proof of payment and proof of grades (must have date, name, course title, grade or copy of official transcript) upon completion of the course. Note: Original invoice and/or proof of payment must be attached. If paid with a credit card, must attach original receipt and a copy of credit card statement (be sure to white out all other purchases that do not apply). If paid with debit card must attach original receipt.