

Amesbury Public Schools

Professional Course Request Form 11-12

Name (Please print) _____

School _____ Grade/Subject _____

Before taking any course, IT MUST BE approved by building principal, curriculum director, and business manager. Reimbursement is dependent upon availability of funds.

I will request reimbursement following completion of this course and will present an official transcript showing a grade of "B" or better with evidence of payment (receipt, credit card receipt or cancelled check). _____ (Please initial).

This will be my 1st 2nd 3rd 4th request for reimbursement (circle one)

Semester & Course No., Name & Description	Number	College/University	Professor (If known)	of Credits
_____	_____	_____	_____	_____

Please list the relationship to District-Wide Plan (Objectives and/or Strategies), and/or School Improvement Plan:

Teacher's Signature _____ Date _____

Approved: _____ Purchase Order # _____

Department Head _____ Date _____

Building Principal _____ Date: _____

Provisional approval is given subject to confirmation that college, graduate credits are given by an accredited college/university. At the conclusion of the course, documentation by official college transcript must be presented to the Central Office

Superintendent of Schools or Designee _____ Date _____

Business Administrator

Date