

Warren County Special Services School District  
1500 Route 57, Suite 1  
Washington, NJ 07882  
Tel. 908-835-1004 Fax 908-835-1042

APPLICATION FOR APPROVAL OF EDUCATIONAL COURSES FOR REIMBURSEMENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Semester: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Days/Hours of Class: \_\_\_\_\_ Cost: \_\_\_\_\_ Per Credit Tuition Only

College/University: \_\_\_\_\_

Graduate Level ( )  Undergraduate Level  Continuing Education

Is this course a degree requirement for you:  BA  MA  Ed.D.  Non-Degree

Is this course required for your New Jersey Certification:  Yes  No

Reason for taking the course:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: A copy of the course description from the college's course catalog must accompany the request. Requests for approval should be submitted prior to the beginning of the course. A copy will be returned for the teacher's file. Submit a copy of a detailed registration receipt. Reimbursement for tuition will be made following completion of the course and upon presentation of an official transcript indicating the grade and credits (in conjunction with the terms of the contract).

Requests for advanced salary guide status must be submitted separately to the Superintendent, with official transcript(s) attached.

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Application Approved  Application Denied

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Original: Business Office  Course Completed  Receipt Received  
Copy: Teacher  Transcript Received  Forwarded for Payment