

PATERSON PUBLIC SCHOOLS



90 DELAWARE AVENUE
PATERSON, NEW JERSEY 07503

REQUEST FOR COURSE APPROVAL

(Must be submitted before the beginning of the course through five week days following the first meeting of the course)

****Reimbursement is contingent upon availability of funds****

*****ALL SHADED AREAS MUST BE FILLED IN OR FORM WILL BE RETURNED*****

Date _____ Date of Hire _____ Soc.Sec. # _____

Name of Employee _____ / _____ / _____
Position School or Location

Home Address _____ Home Telephone # _____

City, State, Zip Code _____ Do You Hold a Standard Certificate? yes ___ no ___

Degree (s) Held _____

Course Number and Title _____

Course to be Taken _____ # of Credits _____

Semester Year

Toward _____ Degree or Certification

Date Course Begins _____ Date Course Ends _____

Name of College or University _____

Course Description _____

Course Level: _____ or _____
Graduate Undergraduate

Bargaining Unit: (Circle One)
(PPA, PAA, PEA, PEASecr, PEA-IA,
NON-B, NON-BCSecr, other)

Signature of Applicant _____

.....FOR OFFICE USE ONLY.....

() Approved for Tuition Reimbursement

() Denied

Remarks:

Superintendent of Schools/Designee

Date

Submit in Triplicate: White and Yellow to SUPERINTENDENT/signed Pink to Employee