

HUDSON PUBLIC SCHOOLS

Request for Course Approval

STEP 1

Please the appropriate box - This request is in compliance with:

- Article 25A of the HEA contract - Teacher/Nurse
- Article XI of the HSSA contract - Secretary
- Article VIII of the HTA contract – Paraprofessional
- Educational Incentives for Non Contractual/Administrators

Please fill out completely - Incomplete forms will be returned:

NAME _____ **SCHOOL** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

POSITION _____

NAME OF COURSE _____

COURSE TAKEN AT: _____

GRADUATE LEVEL _____ **or** **UNDERGRADUATE LEVEL** _____

ONLINE COURSE:

OF CREDITS: _____ **BEGINS:** ____/____/____ **and ENDS:** ____/____/____

COST OF COURSE: \$ _____ **50% REIMBURSEMENT AMOUNT:** \$ _____

Signature of Employee

Date

For Office Use Only:

FY# _____ **COURSE #** _____

For Office Use Only:

- SPED**
- REGULAR ED**
- OTHER**

APPROVED _____ **DATE:** ____/____/____
Human Resources Director

APPROVED _____ **DATE:** ____/____/____
Assistant Superintendent of Schools

****Forward this form to the Curriculum secretary at the Administrative Building****