

**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\****