

Mt. Blue RSD COURSE APPROVAL FORM

Date Submitted: _____

Applicant Information*
Employee ID#: _____
Name: _____
Building/Dept: _____
Position: _____

Please check appropriate box*

Check if this course is required for CERTIFICATION

Check if this course is required for RECERTIFICATION

Check if this course is required for your DEGREE PLAN.

College Information*
College Name: _____
Street: _____
City, State, Zip: _____

* employee must complete this info

Building Admin Review

Approved Denied

Signature _____
Date _____

Course Information*
Course Number: _____ Credits: _____
Course Title: _____
Course start date _____ End date _____

OFFICE USE ONLY

Req # _____
E-mail employee _____

Purchase Order/Payment Information*

Tuition: \$ _____
Itemize any other charges/costs:

Total Amount \$ _____

Check box if reimbursement is due to you for your prepayment of the course. A receipt for proof of payment must be attached to this form.

OFFICE USE ONLY

PO # _____
PO Total _____
PO Date _____
A/P Date _____

Receipt rcv'd for reimbursement

COMPLETION:

Transcript Rcv'd _____
 Course Cancelled

TRANSCRIPT
The applicant must submit a transcript for completed courses to the Superintendent's Office according to the terms of the Collective Bargaining Agreement.