

MANSFIELD PUBLIC SCHOOLS

APPLICATION FORM FOR COURSE APPROVAL

Name: _____ Date Submitted: _____

Home Address: _____

School: _____ Grade/Subject Taught: _____

Course Title: _____

Educational Institution offering the course: _____

Date of Course: _____

Format of Course: ___ Online ___ Face to Face ___ Hybrid (part online, part face to face)

Tuition: _____ Total Credits: _____

FY: ___ First Request: ___ Second Request: _____

Attach a copy of catalog description verification of graduate credits & name of institution/organization.

UPON SUCCESSFUL COMPLETION OF YOUR COURSE WORK, PLEASE SUBMIT:

1. TRANSCRIPT- MUST HAVE YOUR NAME ON IT

2. VERIFICATION OF PAYMENT: Back and front of cashed check Or Statement from bank or university

MUST HAVE YOUR NAME ON IT.

3. MUST HAVE YOUR CURRENT HOME ADDRESS FOR CHECK PAYMENT

Only pre-approved requests are authorized for credit and / or reimbursement

Staff Applicant's signature _____ Date: _____

Building Administrator: _____ Date: _____

Please sent completed form to Dyana Bogdan at Central Office. No approval should be assumed until a copy of approval form is returned signed by Assistant Superintendent.

YOUR REQUEST HAS BEEN: _____ Course Approved _____ Reimbursement Approved

Assistant Superintendent Approval: _____ Date: _____

Comments or Conditions: _____

***** For any reason you decide not to take this course, please notify Dyana Bogdan at Central Office as soon as possible: dyana.bogdan@mansfieldschools.com or 508-261-7500 ex: 10224. Thank you!*