

Oradell Public School District

School Year 20____-20____

Our children, our hope, our future

COURSE APPROVAL FORM

| Name: | Date of Request: |
|--|---|
| Place an X for: Fall Semester Spring Seme | ster Summer |
| Superintendent's office prior to registration. The Centra administrative review and action. After receiving notificati received after registration will not be approved or reimburs | Form to your Principal/Supervisor first <u>and then</u> to the I Office will forward to you a copy of this form, indicating on of approval, register and pay for the course(s). <u>Requests</u> <u>sed</u> . Reimbursement will occur upon successful completion of anscript and acceptable receipt of payment. Submit your |
| Accredited School, University, or Institution at which course | will be taken: |
| | |
| Name and Catalog Number of Graduate Level Course: | Date and Time of Course: |
| | |
| Course Description (please be specific and attach copy from | n institution): |
| | |
| Number of credits to be earned: | |
| | |
| Name and Catalog Number of Graduate Level Course: | Date and Time of Course: |
| | |
| Course Description (please be specific and attach copy from | n institution): |
| | |
| Number of credits to be earned: | |
| | |
| graduate work per year at the rate of half the Rutgers Graduate (https://www.chea.org/search-institutions), and the class mus | Il BOE, the Board shall pay teachers for up to nine (9) credits of ate rate per credit. Classes must be from an accredited program t result in graduate credits (not course units). Class credits must dited in education either at the university offering the class or the you do not have to be enrolled in the program. |
| Teacher's Signature | |
| ******************* | ***************** |
| Recommended Not Recommended | |
| Supervisor's Signature | Date |
| Approved Not Approved | |
| Superintendent's Signature | Date |
| ORIGINAL: Superintendent COPY: Staff Member | COPY: Accounts Payable 01/22 |