

Franklin Lakes Public Schools

Record of Superintendent or Designee's Approval for Advanced Graduate or In-Service Study Relating to Salary Classification

(PLEASE PRESS HARD - TYPE OR PRINT CLEARLY)

Full Name: _____ School: _____ Date: _____

Position: _____ FT PT

Grade Level: _____ Subject(s) Taught: _____

DIRECTIONS: SUBMIT THIS FORM FOR COURSE APPROVAL ONLY

TO RECEIVE REIMBURSEMENT SUBMIT THE FOLLOWING ONLY

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|--|---|
| <ul style="list-style-type: none"> Send this application form with an original signature to the Director of Curriculum and Instruction prior to the start of each course. Use a separate form for each course. Graduate courses must be sanctioned under N.J.A.C. | <ul style="list-style-type: none"> Official Transcript Itemized Bursar bill Signed Voucher |
|--|---|

Course Title: _____

Course No.: _____ Graduate OR In-Service

College/University Name: _____

Dates of Course: Start _____ End _____ Credits: _____

Is Course Toward A Degree? No Yes Degree: BA ___ MA ___ PhD ___

Year Standard Teaching Certificate Was Obtained: _____

Highest Degree Obtained: _____ Date: _____

Attach the following:

- The course description from an official course catalogue (web or hardcopy version)
- A brief description of the relevance of this coursework to your current assignment

Applicant's Signature _____ Date _____

Approved _____ Date _____ Disapproved _____ Date _____ Title of Administrator _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Maximum Amount of Reimbursement \$ _____ Reimbursement Amount: \$ _____

Date Reimbursement Request Received: _____ Cost of Course: \$ _____

1) voucher _____ 2) receipt _____ 3) grades _____

School Year: _____ Info Recorded on Systems: _____ HZ Movement Only: _____ (initial)

WHITE: CENTRAL OFFICE

YELLOW: FILE

PINK: REQUESTING TEACHER