



Bensenville Elementary School District 2

PRE-APPROVAL REQUEST FOR GRADUATE STUDY

Received _____

Staff Member _____

Date of Request _____

Please School Blackhawk Chippewa Johnson Mohawk Tioga

Course Title _____

Course Number _____

Number of Semester Hours _____

College/University _____

If open date for completion, your anticipated date of completion _____

Dates of Course Attendance _____

(COURSE DESCRIPTION WITH COURSE NUMBER MUST BE ATTACHED)

Explain how this course will relate to your assigned teaching area or what new assignment area you are pursuing:

- Course part of a Master's degree program? Yes No
- Graduate Level? Yes No
- Online Course? Must be an approved institution. Yes No
- Video Course? Must be an approved institution. Yes No

DISTRICT OFFICE USE ONLY

This course approved for:

- Horizontal Progression on the Salary Schedule Yes No
- Tuition Reimbursement Yes No
- Professional Growth Credit Yes No

By: _____

Date _____

Approved by the Assistant Superintendent for Learning

AN OFFICIAL ORIGINAL TRANSCRIPT SHOWING SUCCESSFUL COMPLETION OF THIS COURSE MUST BE SUBMITTED TO THE CURRICULUM OFFICE BEFORE HORIZONTAL PROGRESSION AND/OR TUITION REIMBURSEMENT CAN BE GRANTED. ONLY 12 SEMESTER HOURS ARE REIMBURSABLE PER SCHOOL YEAR. ACTUAL PERCENTAGE AMOUNT OF REIMBURSEMENT IS DETERMINED ONCE ALL REQUESTS ARE PROCESSED PER NEGOTIATED CONTRACT. REIMBURSEMENT DATE IS IN THE NEGOTIATED CONTRACT.