

**CLIFFSIDE PARK PUBLIC SCHOOLS
CLIFFSIDE PARK, NJ 07010**

Graduate Course Approval Form

TO: Certificated Staff

FROM: Michael J. Romagnino, Superintendent of Schools

Teachers who want to take graduate level courses must submit this form prior to enrollment. The graduate level course(s) must be in the applicant's field of area certification and directly related to current job skills or future job responsibilities. Each course must be approved by the Superintendent of Schools prior to its first meeting to qualify for tuition reimbursement and movement across the guide.

A- This form must be submitted no later than August 31 of any year if you are requesting Tuition Reimbursement. If so, list all courses you intend to take during the year including any summer courses. Please attach an invoice of tuition reimbursement requested. \$_____

B- This form must be submitted no later than August 31 of any year for Fall semester course(s), January 15 for Spring semester course(s) and June 1st for Summer course(s) if you are not requesting tuition reimbursement.

PRIOR APPROVAL BY THE SUPERINTENDENT OF SCHOOLS MUST BE OBTAINED

School Year: _____ Current Assignment _____

Please list the certificates you currently hold:

1. _____ 2. _____
3. _____ 4. _____

Semester: **FALL 9 SPRING 9 SUMMER 9**

| COLLEGE/ UNIVERSITY | COURSE NUMBER | COURSE TITLE | NUMBER OF CREDITS | TIME OF DAY | MEETING DATES | TOTAL HOURS |
|------------------------|------------------|-----------------|----------------------|----------------|------------------|----------------|
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Name of Teacher: _____ School: _____ Grade: _____ Subject: _____

+Please attach a course description
++ Please submit two copies

Principal's Signature: _____ Date: _____

Approved: _____ Denied: _____ Reason: _____

Superintendent of Schools _____ Date: _____