

# COLLEGE COURSE PRE-APPROVAL FORM

Revised: 08/12/2015

(Complete for all courses to be used for **horizontal movement** on certified salary schedule **and** for **tuition reimbursement**.)

The Board of Education, acknowledging that rigorous continuing education requirements for renewal of professional certificates are required by the Department of Elementary and Secondary Education, offers financial support for teachers to meet these requirements. Board Policy GCBA and Administrative Procedures GCL-AP2 state the guidelines for **tuition reimbursement** offered for professional employees [three college credit hours every five (5) years from date of hire not to exceed Southeast Missouri State University tuition rate] as well as coursework that can be counted for **horizontal movement** on the salary schedule. No payment will be made for courses taken for which you are receiving financial aid, such as scholarships or federal grants.

Please complete this form to receive pre-approval for a course to be used for **horizontal movement** on the salary schedule **and/or** to receive **tuition reimbursement**. Following approval, this form will be returned to you for safekeeping. If you are seeking **tuition reimbursement**, when the course is completed submit a) this form, b) a copy of your college/university grade and credit earned, and c) a tuition receipt for the course. If you are seeking **only** application for **horizontal movement** to the next column on the salary schedule, then submit before September 1 of the year you in which you will move horizontally to the next column a) this form, b) copy of your college/university grade and credit earned, and c) *Application for Horizontal Movement on Certified Salary Schedule*.

\_\_\_\_\_  
**Certified Employee's Name**

\_\_\_\_\_  
**Building**

\_\_\_\_\_  
**Course Number**

\_\_\_\_\_  
**Course Title**

\_\_\_\_\_  
**Number of credit hours**

\_\_\_\_\_  
**Semester Date**

\_\_\_\_\_  
**College/University**

- **Describe the impact this course will have on your current teaching assignment** (*Use back of page if needed. Also, you may wish to attach course description if you anticipate approval difficulty.*)

- **IF APPLYING FOR TUITION REIMBURSEMENT, please complete the actual out-of-pocket tuition cost information (after discounts, etc.) after you finish the course.** *At that time, be sure to attach receipt for tuition.* \$ \_\_\_\_\_

- **Circle your answer to each of the following questions.**

Are you receiving financial aid (scholarships or federal grants) for this course?      YES      NO

Are you requesting tuition reimbursement?      YES      NO

Professional Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Academic Services Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Applicant must return this form to the Human Resources Office for final approval.**