

**BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT**

**COURSE APPROVAL APPLICATION FORM FOR  
PROFESSIONAL IMPROVEMENT/DEVELOPMENT**

**DATE:** \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Name/Number of Course: \_\_\_\_\_

Date (s) of Course: \_\_\_\_\_ Number of College Credits \_\_\_\_\_

College Providing Course: \_\_\_\_\_

The tuition (excluding fees) is \_\_\_\_\_

Is the above course part of a pre-approved graduate degree program at the college listed above?  
Please circle one:                    YES                    NO

Is the above course part of an approved professional development plan?      YES              NO

**If no**, please explain on the back of this form.

**NOTE:** Your signature below certifies the understanding that, should reimbursement for course expenses be approved and received, and a subsequent voluntary departure from the District occur, action as described in Article XXVI, Section D, will apply.

Signature of Teacher: \_\_\_\_\_

.....  
TO: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ Approval for the course listed above is granted and a determination has been made that the course is eligible for reimbursement, upon successful completion, subject to Article XXVI.

\_\_\_\_\_ Approval for the course listed above is granted and a determination has been made that the course is **not** eligible for reimbursement.

\_\_\_\_\_ Approval is **not granted** for the course listed above for the following reason:

\_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools

**NOTE:** Upon completion of the above course, grade information should be forwarded to this office for entry on your records.