

## PARKWAY LOCAL SCHOOLS

### Teacher Reimbursement Form Additional College Courses

I would like to request permission to take the following college courses for credit:

NAME OF TEACHER \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_

CALENDAR YEAR OF REIMBURSEMENT \_\_\_\_\_

COURSE NUMBER \_\_\_\_\_ COURSE TITLE \_\_\_\_\_

NAME OF UNIVERSITY \_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_ SEMESTER \_\_\_\_\_

Please state why you feel this course will make you a better teacher in your respective field.

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Payment by the board will be made on the basis of transcript credit and proof of payment.

\_\_\_\_\_  
TEACHER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
DATE