



COURSE APPROVAL FORM  
AMITY SCHOOL DISTRICT 4J

**PRIOR APPROVAL REQUIRED**

I request approval for the following classes:  
(Maximum \$175 per term hour with a maximum of \$825 per fiscal year (July 1 to June 30.)

Course Title: \_\_\_\_\_

Course Description: \_\_\_\_\_

Describe correlation to teaching assignment: \_\_\_\_\_

\_\_\_\_\_

Course Number: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_ Semester Hours: \_\_\_\_\_

Term (check one): Summer ( ) Fall ( ) Winter ( ) Spring ( )

Teacher's Printed Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

***IMPORTANT! KEEP A COPY OF THIS FORM, TO FILE FOR TUITION REIMBURSEMENT, ATTACH RECEIPT UPON COMPLETION OF COURSE ALONG WITH YOUR TRANSCRIPT.***

I request payment for the above class, \$ \_\_\_\_\_. A receipt and transcripts/grades are attached.

***Maximum \$175.00/per quarter hour; \$825.00/per year (July 1 to June 30.)***

Teacher's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_