

**MORRISON COMMUNITY UNIT DISTRICT #6
COURSE APPROVAL APPLICATION**

Name _____ Date _____ Qtr., Sem. Or Date(s)
Course(s) will be taken _____

2/3 quarter hours is equal to semester hours; state graduate hours in semester hours

Course Number	Name of Course	Class Location or Internet ?	College or University	Is this college or university an IL or IA university or North Central Accredited?	Grad. Hours/ Or Quarter Semester Hrs.

How does this course relate to your teaching assignment? _____

Is this course graded? (only graded courses receiving a letter grade of A, B, or C are reimbursed)
Yes ____ No ____

Are you seeking advancement (column change) on salary schedule? Yes ____ No ____
If yes, from Column ____ to Column ____.

<p>Approved _____</p> <p># of semester hours _____</p>	<p>In order to be reimbursed, an official transcript must be submitted. Reimbursement is at the rate of \$ 70.00 per credit hour for six hours per year. Transcripts must be received by the Superintendent's Office by September 1st to receive payment in October, or March 1st to receive payment in April. You now have \$ _____ remaining that you may apply for.</p>
<p>Disapproved _____</p> <p># of semester hours _____</p>	<p>Reason for disapproval:</p>

Courses will be reimbursed according to the Master Contract.

Incomplete applications will be returned.

Superintendent