

## Nantucket Public Schools 2024-2025 Graduate Course Approval

<b>Name:</b>	<b>School:</b>	<b>Position:</b>
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Name of Course	College/University	Dates of Attendance	Course Location	Credits

Is this course part of a degree program? Y/N <i>*If yes, please provide a copy of acceptance letter*</i>	
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Cost (please enter \$ amount where applicable)				
Registration	Fees	Tuition	Textbooks	Total Requested

Funds Requested From: (X below)		
District	Grant	Other

Will you be submitting a reimbursement form? Y/N	
Does this course relate to your goals, the school and district goals? Y/N If yes, how?	

REMINDER – We will NOT be able to reimburse for any payments that take place prior to the approval AND purchase order date.

Applicant Signature:	Date:	Amount Requested:

Curriculum Director Signature:	Date:	Amount Approved:

Superintendent Signature:	Date:	Amount Approved:

Curriculum Purchase Order #	Date:

\*Note: Only coursework that supports the system's goals and/or the employee's professional teaching goals will be considered.\*