

**SOUTH PORTLAND SCHOOL DEPARTMENT
SOUTH PORTLAND, MAINE**

PRE-APPROVAL FOR COURSE REIMBURSEMENT

Name: _____ **School/Position:** _____

(PLEASE PRINT)

Course # and Title: _____

College: _____

Dates: _____ **Graduate Credits:** _____

Rationale for selection of this course:

Employee Signature

Date

APPROVED:

Superintendent of Schools

Date

AFTER COURSE COMPLETION, RETURN THE FOLLOWING TO CENTRAL OFFICE:

1. A copy of payment (cancelled check, university receipt, or credit card statement)
2. A copy of your course grade
3. A copy of the approved Pre-Approval form

NOTE: A separate form must be submitted for each course to be taken.

If you wish to use this course for recertification, it must be approved in advance by the Certification Support System.