

**COURSE APPROVAL REQUEST**

**CLASSIFIED EMPLOYEES**

**INSTRUCTIONS:** Complete this form PRIOR to enrollment. After successful completion of the course, submit receipts and a grade report or transcript to the Personnel Officer for reimbursement.

Employee Name: \_\_\_\_\_

Place of Assignment: \_\_\_\_\_

Job Title: \_\_\_\_\_

College or School Name: \_\_\_\_\_

Course Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Course Name	Course Number	Credit Hours	Describe how course is related to current job. Attach catalog course description.	Cost (Tuition Only)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Approved**

**Disapproved**

\_\_\_\_\_  
Superintendent or Designee Signature

\_\_\_\_\_  
Date