New Paltz
Central School District

PRIOR APPROVAL REQUEST
TUITION AID PLAN

_____
NAME

COURSE #/TITLE	INSTITUTION	CREDIT HOURS

The above work is

____ regular college study   _____graduate level   ____fall semester
                                     _____undergraduate   ____spring
                                                              ____summer

(Submit two copies to Superintendent)

_____   _____   _____
 (Date)   _(Employee)_   _(Building)_

(One copy will be returned to you)

_____   _____
(Date)   _(Approved by Superintendent)_

PLEASE SUBMIT AN OFFICIAL TRANSCRIPT UPON COMPLETION OF COURSE FOR
REINBURSEMENT.

OFFICE USE ONLY

_____   _____
 (Date transcript received)   _(Approved for payment)_

Effective: _____