

**MANSFIELD PUBLIC SCHOOLS**  
**EDUCATIONAL COURSE APPROVAL FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade/Subject Taught: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Educational Institution offering the course: \_\_\_\_\_  
Date(s) of Course: \_\_\_\_\_ Projected completion date: \_\_\_\_\_  
Format of Course: Online      Face to Face      Hybrid      Total Credits Expected: \_\_\_\_\_  
Tuition Amount: \$ \_\_\_\_\_ Required course towards degree: \_\_\_\_\_ *If yes, which degree?* \_\_\_\_\_  
FY                              First Request:      Second Request:      Lane Change Approval only:

**UPON SUCCESSFUL COMPLETION OF YOUR COURSE WORK, PLEASE SUBMIT:**

1. **GRADE:** Copy of transcript or grade report.
2. **VERIFICATION OF PAYMENT:** Statement from bank or university showing course was paid or back and front of cashed check. **ALL MUST HAVE YOUR NAME ON THEM.**

**Only pre-approved requests are authorized for credit and/or reimbursement.**

**Staff Applicant's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please send completed form to Dyana Bogdan at Central Office. Allow 1-2 weeks for processing. A signed copy will be emailed to you for confirmation. Please let Dyana know if you decide not to take the course. Thank you.*

*Office Use Only:*

**Assistant Superintendent Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YOUR REQUEST HAS BEEN:**      \_\_\_\_\_ **Course Approved**      \_\_\_\_\_ **Reimbursement Approved**

**Comments or Conditions:** \_\_\_\_\_

*Process Date:* \_\_\_\_\_ *PO#:* \_\_\_\_\_ *Reimbursed:* \_\_\_\_\_ *Paperwork returned:* \_\_\_\_\_