



Ayer Shirley Regional School District

REQUEST FOR APPROVAL OF A PROFESSIONAL COURSE

I _____ hereby request approval to enroll in the:
(Print Name)

Code Number of Course: _____ Offered by: _____
(Name of College or University)

Complete Title of Course: _____

For period beginning _____ and ending _____
MM/DD/YY MM/DD/YY

Located: _____

This course is ____ Undergraduate Level ____ Graduate Level and offers ____ credits.
(Number)

The reason I plan to take this course is: _____

I intend to seek reimbursement of \$800.00 or less for this course ____ YES ____ NO
***Requires grade of B or above AND proof of payment*

Signed: _____ Position: _____
School: _____ Date Requested: _____

Action Required by ASRSD School Administrator:

Recommended _____ Not Recommended _____

If not recommended, the reason(s) is: _____

Administrators Signature _____ Date _____

Action Required by ASRSD Superintendent:

Approved _____ Not Approved _____

If not approved, the reason(s) is: _____

Superintendent's Signature _____ Date _____