Baker School District 5J

**Coursework Request for Future Tuition Reimbursement**

Name: ___________________________  Date: ___________________

<table>
<thead>
<tr>
<th>Course Number*</th>
<th>Course Title</th>
<th>Credits**</th>
<th>Institution</th>
<th>Term</th>
<th>Tuition Cost</th>
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*If course # is below Level 400, OR does not relate to the area of teaching assignment, Principal and Superintendent must initial below to acknowledge approval of the classes outside numbers 1 and 2 of Article XVII, Section A, and as listed on the reverse side of this form.

**Please indicate Quarter Hour or Semester

Description of how coursework relates to current or future teaching assignment:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Approved: ___________________________  Date: ___________________

Principal

Approved: ___________________________  Date: ___________________

Superintendent

I acknowledge approval of the class/classes listed above and recognize that they do not meet the requirement of numbers 1 and 2 of Article XVII, Section A.

_________Principal  __________Superintendent