



GENERAL McLANE SCHOOL DISTRICT

Course Pre-Approval

Please submit this pre-approval form to the Superintendent's office at least two (2) weeks prior to the start of the requested activity.

Name		Date	
Home Address			
GMSD Building			
Current Position			

I plan on taking the course(s) below during the following academic year:	
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These courses will culminate in the following degree:	
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Course Number and Title	College / University	Dates	Credits	Tuition Cost

- Attach/Include a course description from the college/university catalog.

Reimbursement requires a copy of your final grades to be submitted on the reimbursement form within one month of the start of the semester following the latest course on this list.

Applicant's Signature: _____

Date: _____

The courses above are ☐ approved ☐ not approved

Superintendent: _____

Date: _____