

COLLEGE COURSE AUTHORIZATION
(Please Print Information)

NAME _____

TITLE _____ DEPARTMENT _____

SCHOOL YEAR _____ SEMESTER: Fall Spring Summer

DEGREE SOUGHT _____ CURRICULUM AREA _____

SCHOOL _____

ADDRESS _____

REQUESTED COURSE (S)

<u>SUBJECT</u>	<u>COURSE NO.</u>	<u>TUITION</u>	<u>BOOKS</u>	<u>OTHER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I UNDERSTAND APPROVAL PRIOR TO REGISTRATION FOR THE COURSE(S) MUST BE GIVEN BY THE MAYOR/ADMINISTRATOR TO QUALIFY FOR REIMBURSTMENT. FURTHER, UPON SUCCESSFUL COMPLETION OF THE COURSE(S), I SHALL SUPPLY A TRANSCRIPT SHOWING COURSE COMPLETION GRADE WITH ALL RECEIPTS FOR BOOKS AND SUPPLIES BEFORE REIMBURSEMENT BY THE TOWNSHIP. **NOTE: LATE FEES WILL NOT BE COVERED.**

SIGNATURE: _____

DATE: _____

DEPARTMENT HEAD: _____

MAYOR/ADMINISTRATOR'S APPROVAL: YES NO DATE _____

MAYOR/ADMINISTRATOR

TRANSCRIPTS RECEIVED: YES NO DATE _____

RECEIPTS RECEIVED: YES NO DATE _____

REIMBURSEMENT AUTHORIZATION: YES NO DATE _____

MAYOR/ADMINISTRATOR