

**Shelley School District #60  
Credit Reimbursement  
PRE-AUTHORIZATION**

Date of Request: \_\_\_\_\_  
Name of Teacher: \_\_\_\_\_  
School: \_\_\_\_\_  
Current Teaching Assignment: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Number of Course Credits:   
Cost of each Credit:   
Total Cost of Request:

**Course Description: Explain the course and how it relates to your current teaching assignment.**

Approved

Not Approved

**Explanation:**

***\*\*\*Upon completion of the course, a copy of your official transcripts listing the course and credits earned must be submitted to the business office. Your reimbursement will be processed once your official transcripts are received.***

Approved By: \_\_\_\_\_  
Approval Date: \_\_\_\_\_