MARThA’S VINEYARD PUBLIC SCHOOLS
ASSISTANT’S COURSE APPROVAL FORM

Date Submitted: ________________________

Name: ________________________ School: _____________ Job Title: ___________________.

Course/Workshop/Conference Name: _______________________________________________

Physical Location: ________________________________________________________________

Date(s) of Course: _________________________ Estimated cost of Course: ________________

Explanation of Course:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Indicate Course Format (i.e. Classroom, Internet, etc.)______________________________

Principal’s Signature                  Date

Superintendent’s Signature              Date

After obtaining both signatures, this form should be kept by your Principal. Once you have completed the course, you must fill out a “Request for Course Reimbursement”. The approval form and the reimbursement form will be matched up and then processed for payment by the school in which you are employed. Any request for reimbursement should be for courses, workshops or conferences, which pertain to your present position and not for course work taken toward personal certification.