☐ Grant Expenditure
☐ Local Expenditure
☐ GISU Special Education

GRAND ISLE SUPERVISORY UNION

Course Approval

Courses must have the approval of the superintendent or designee **prior** to enrollment.

Name of Course _____ Institution _____

Instructor _____ Credits _____ Tuition $_____

Date(s) course will be taken _____

The START date will determine the fiscal year from which funds will be taken from.

Please check the boxes related to your request:

☐ Payment of tuition as defined in the Master Agreement.

☐ This is a graduate course to be used towards horizontal movement on the salary schedule.

☐ I am enrolled in an Approved Master Program (Letter must be provided to Central Office.)

1. Upon completion of the course a copy of the syllabus and final grade report must be sent to Director Student Support Services or Curriculum Coordinator. If extraneous expenses are to be covered by the grant, a copy of that must be sent as well. <u>You will be billed for this if you do not comply with this requirement</u>.

2. It is understood, if an employee takes a course and the course(s) is not completed with a satisfactory grade (A or B), that payment for the course will be the responsibility of the employee.

_____ _____
Employee (Please Print) Employee's Signature Date

_____ _____
School Principal/Grant Manager/Dir. Student Support Services Signature Date

_____
Superintendent Date

Please provide this form to the institution and ask them to bill: GISU, 5038 US Rte 2, North Hero, VT 05474. (802) 372-6921.