



HADDON TOWNSHIP BOARD OF EDUCATION  
OFFICE OF THE SUPERINTENDENT

# REQUEST FOR APPROVAL OF COLLEGE COURSE

**NAME** (PLEASE PRINT) \_\_\_\_\_

**NAME OF COURSE** \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_

**NUMBER OF CREDITS** \_\_\_\_\_ **COST PER CREDIT** \_\_\_\_\_

**GRADUATE LEVEL COURSE**  YES (Check YES to verify this is a graduate level course.)

Reimbursement will be in accordance with Article XIX of the Agreement between the Board of Education and HTEA.

Synopsis of course in relationship to your position in the Haddon Township School District:

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Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_