



**COURSE APPROVAL AND
REIMBURSEMENT REQUEST FORM**
Marlborough Public Schools
17 Washington Street
Marlborough, MA 01752

**Neither credit nor reimbursement will be provided without the Superintendent's
PRIOR approval of the course being taken**

(PLEASE PRINT)

Name _____ Date _____

Position _____ School _____

Send this form and a copy of the course description to the Office of the Superintendent. Once reviewed, a copy will be returned to the employee. Upon completion of the course, an official transcript must be submitted to the Human Resources Office.

COURSE TITLE COURSE # INSTITUTION SEMESTER/YEAR

Reimbursement Requested Yes ☐ No ☐

Applicant Signature _____

PRINCIPAL/DIRECTOR APPROVAL

Yes ☐ No ☐

Signature _____ Date _____

SUPERINTENDENT'S APPROVAL

Yes ☐ No ☐

Signature _____ Date _____

Transcript Received _____ Course/Grade Recorded _____

Amount Approved _____ Date _____

48026D05-70608
48026D06-70665

Vendor# _____ Approval _____