

RUMSON SCHOOL DISTRICT
Rumson, New Jersey

Non-Traditional Graduate Course Request

Print Name: _____ Date: _____

Non-traditional graduate course options will be considered only after the following has been completed:

A. Schedule a conference to present your proposal to the Superintendent and Supervisor of Curriculum. Conference Date and Time: _____

1. Name of College or University: _____

Course # _____ Course Title _____ Credits _____

Attach course description beginning and ending dates; meeting place(s), number of classes/sessions; length of each class/session; accredited by the NJDOE, etc.

2. Attach a one page summary of how this graduate class supports and builds your skills in your present assignment.

3. Are you enrolled in a degree program? Yes No

If yes, provide the program and degree: _____

If no, attach a brief explanation of your future professional goals and how this course supports your personal goals as they relate to our schools.

C. Signatures/Authorization

Signature of Staff Member: _____ Date: _____

Superintendent's Approval: _____ Date: _____

D. Reimbursement:

Request for non-traditional graduate course reimbursement may only be completed upon receipt of approval. Teacher shall not be eligible for tuition reimbursement until after the attainment of tenure. This provision shall not apply to teacher employed prior to January 1, 2006.

c: Superintendent, Board Office, Staff Member