

Elmwood Park Public Schools

Elmwood Park, New Jersey

APPLICATION FOR ACADEMIC CREDITS

Applicant Name **School** **Application Date**

APPLICATIONS *MUST* HAVE DESCRIPTION FROM STANDARD CATALOGUE OF APPROVED INSTITUTION ALONG WITH CURRENT ***COST PER CREDIT ATTACHED***

Contract Relevance: Article XVII(B), P.33

Course Title	Course #	Institution	# of Credits	Session	Start Date	End Date	Year	For Reimbursement?
				F Spr Su				Yes <input type="checkbox"/> No <input type="checkbox"/>
				F Spr Su				Yes <input type="checkbox"/> No <input type="checkbox"/>
				F Spr Su				Yes <input type="checkbox"/> No <input type="checkbox"/>
				F Spr Su				Yes <input type="checkbox"/> No <input type="checkbox"/>

ATTENTION: Any and all changes to a proposed application/class schedule **MUST** be reported in writing to Human Resources in an immediate fashion. Failure to do so will negate all approvals set forth by this application.

Rec'vd HR Stamp

APPROVAL BY SUPERINTENDENT: _____ DATE: _____

REQUEST DENIED (Rationale):

Office Use Only	Date TX Rec'vd: / /	Total Credits Reimbursed:	Total Amt. Reimbursement:
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