

MID-STATE SPECIAL EDUCATION
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www.midstatespec.org

College Course Enrollment Approval & Reimbursement Request

Instructions:

1. Copy of course description.
2. Complete this form.
3. Send items 1 & 2 to the MSSE office prior to taking the course.
4. Form will be returned to you marked approved or not approved.
5. Upon completion of the approved class/classes, send the official grade report to the MSSE office.

***Note: Courses eligible for approval must be related to your work assignment.**

Name: _____ Date: _____

College/University: _____

Course Title: _____ Undergraduate Graduate

Course Number: _____ # of Credits: _____ Semester Quarter

Semester and Year Class to Be Taken: _____

Name: _____ Date: _____

College/University: _____

Course Title: _____ Undergraduate Graduate

Course Number: _____ # of Credits: _____ Semester Quarter

Semester and Year Class to Be Taken: _____

Director Approval for Enrollment:

Approved Not Approved Signature: _____ Date: _____

Comments: _____

Office Use:

Credits: _____ Amt.: _____ Acct. #: _____ Approved for Reimbursement/Date: _____

Grade Report Returned: _____