

**UPPER CAPE COD REGIONAL TECHNICAL SCHOOL**  
**REQUEST FOR APPROVAL OF REIMBURSABLE CREDIT COURSE**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course Name: \_\_\_\_\_ Credits: \_\_\_\_\_

Location of Course: \_\_\_\_\_  
\_\_\_\_\_

Fee: \_\_\_\_\_ Spring Term: \_\_\_\_\_ Fall Term: \_\_\_\_\_

Other reimbursement:  
(GI Bill, etc.)                                                                                      
Yes    No

Approval granted:                                                                                      
Yes    No

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date