



**WINTHROP PUBLIC SCHOOLS  
WINTHROP, MASSACHUSETTS**

**APPROVAL OF COURSE BY SUPERINTENDENT**  
*(Before Registration)*

This is to notify you that I plan to enroll in the following course, subject to your approval, in accordance with Article XIV, Section 8 to 10 of the Agreement between the Winthrop School Committee and the Winthrop Teachers' Association.

NAME *(please print or type)* \_\_\_\_\_

SCHOOL EMPLOYED AT:                      WPG                      ATC                      WMS                      WHS

CURRENT STEP & LANE: \_\_\_\_\_

COURSE \_\_\_\_\_

SCHOOL \_\_\_\_\_ SEM. HOURS \_\_\_\_\_

STARTING DATE \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_

ESTIMATED TUITION (including registration fee) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Lisa A. Howard, Superintendent

**TO APPLY FOR REIMBURSEMENT**  
**SUPERINTENDENT'S OFFICE MUST HAVE THE FOLLOWING:**

- 1. An official transcript with a mark of B or better.**
- 2. A copy of check or method of payment.**
- 3. Course Reimbursement Form completely filled out.**
- 4. Course Approval Form signed by the Superintendent.**