

ANTIOCH COMMUNITY CONSOLIDATED SCHOOL DISTRICT 34  
964 SPAFFORD STREET  
ANTIOCH, IL 60002

**APPROVAL FOR GRADUATE COURSE REIMBURSEMENT AND/OR  
GRADUATE CREDIT\***

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your School

I plan to take Course Number \_\_\_\_\_, Title \_\_\_\_\_  
\_\_\_\_\_, from \_\_\_\_\_  
\_\_\_\_\_ University (College). This course  
is \_\_\_\_\_ is not \_\_\_\_\_ toward a planned degree.

*(Please include a course description.)*

Starting Date \_\_\_\_\_

Number of Weeks \_\_\_\_\_

Semester Hours Credit \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

*\*Please refer to Article 13.16 of the agreement between the Board of Education of Antioch District 34 and the AEEA for details on the yearly limits on reimbursement and disbursement timelines. Also remember that “+” hours on the salary schedule refer to credit hours earned AFTER the date a staff member’s most recent degree was awarded.*