



**MOLALLA RIVER SCHOOL DISTRICT**  
**PO BOX 188; MOLALLA, OR 97038**  
**503-829-2359; 503-829-8428 (FAX)**

**TUITION APPLICATION/COURSE/WORKSHOP APPROVAL**

(ALL INFORMATION SHOULD BE COMPLETED OR FORM MAY BE RETURNED)

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Licensed: \_\_\_\_\_ Classified: \_\_\_\_\_ Administrator: \_\_\_\_\_

I request approval to enroll in the following: Course Seminar Workshop

A substitute will be required for me to attend: Yes No

I request that the district pay for this course: Yes No

Institution/Title: \_\_\_\_\_

Start Date of Event: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Quarter Credits: \_\_\_\_\_

Semester Credits: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

Description of class and mutual benefit to myself and the district:

Funding Source (if other than individual tuition account): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PRINT FORM TO SUBMIT FOR APPROVAL**

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

Meets District Education Criteria: \_\_\_\_\_  
 (must be initialed by building administrator)

**DISTRICT APPROVAL**

District Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

**HUMAN RESOURCES USE ONLY**

Request Received Date: \_\_\_\_\_

Send Reminder On: \_\_\_\_\_

Proof of Payment Due: \_\_\_\_\_

Proof of Completion/Grade Due: \_\_\_\_\_

Emailed Copy of Approval: \_\_\_\_\_

Entered into Visions: \_\_\_\_\_

Entered into Spreadsheet: \_\_\_\_\_

Received Proof of Payment Date: \_\_\_\_\_

Received Proof of Completion Date: \_\_\_\_\_