



MT. VERNON TOWNSHIP HIGH SCHOOL
Request for Pre-approval of Courses for Lane Movement

Date _____

Signed _____

School to be attended _____

When to be taken: Summer 20____; Fall 20____; Spring 20____

COURSE OR FIELD OF STUDY

SEMESTER HOURS

Approved: _____ Yes _____ No

Date _____

Superintendent _____

Request for Reimbursement if Approved

Date _____

Signed _____

APPROVED FOR TUITION REIMBURSEMENT

Request for Reimbursement: Please attach a certified copy of your transcript showing completion of the work for which you are requesting tuition reimbursement.

Date _____

Superintendent _____