Course Pre-Approval Application
(A separate application is required for each semester.)

Employee Information:

Full Name: Job Title:

Department: Work Phone:

Are you a full time employee in active pay status? _Yes _ No   Hire Date:

****

College/School Information:

Institution Name: Accrediting Body:

Course Information

Course #	Course Name	Start Date	End Date	Credit Hours	Tuition Per Hour	Total (Cr. hrs. x Tuition)
						$
						$
						$
					Total	$

Type of Degree Program: ☐ Associate   ☐ Bachelor's   ☐ Graduate

Attach office course description and fee schedule*

Employee's Signature: **Date:**

Departmental or Appointing Authority Authorization:

It appearing the employee has met the requirements of the Mobile County Tuition Reimbursement Policy, I approve this application.

Supervisor Signature: **Date:**

Warden or Chief Deputy Signature: **Date:**

(For employees under the appointing authority of the Mobile County Sheriff)

****

This Course Pre-Approval Request has been: __Approved __Denied

Reason: ☐ Course does not relate to current job responsibilities.   ☐ Other

Signature: **Date:**

Must be accredited and accepted by the Mobile County Personnel Board.