Request for Graduate Class Voucher

Name:_____ Date of Request:_____

College/University:_____

Course Title & Number: _____
Semester course is offered: _____

Course Description: _____
_____
_____
_____

Brief description of how taking the course will benefit Tully Central School District:
_____
_____
_____
_____
_____
_____

Number of graduate credit hours:_____

☐ Approved

☐ Not approved: _____

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_____   _____
Superintendent of Schools   Date