

DELAWARE TECHNICAL & COMMUNITY COLLEGE
STANTON/WILMINGTON CAMPUS

**PRIOR APPROVAL OF NON-DELAWARE TECH COURSE(S)
FOR PLAN B EMPLOYEES**

Name _____ Social Security # _____

Position _____ Campus _____

Department _____ Campus Phone _____

Title of Course _____ Course # _____

Offering Institution _____ Location _____

Meeting Days & Times _____

Beginning Date of Course _____ Ending Date of Course _____

No. of Credits _____ Is course(s) towards a degree? Yes No
Associate's Bachelor's Master's Doctorate

Is course(s) relevant to position? Yes In what way? _____
No

Check One:
_____ Course(s) taken for Tuition Reimbursement
_____ Course(s) taken under Tuition Exchange

Date Signature of Employee

Course Approved () Course Disapproved ()
Reason for Disapproval _____

Date Signature of Immediate Supervisor

Date Signature of Dean/Director