



**MUNICIPALITY OF MONROEVILLE**  
**CONTINUING EDUCATION APPROVAL**  
**AND REFUND APPLICATION**



Employee's Name: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course Level (check one):  UNDERGRADUATE COURSE

GRADUATE COURSE

Fully explain how these courses are related to your work and, if appropriate, toward what degree will these courses apply:

NAME OF COURSE	COURSE NUMBER	DATES	DAYS OF WEEK	CLASS HOURS	TUITION FEES

APPROVED

DISAPPROVED

**TOTAL: \$**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
MUNICIPAL MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**REFUND REQUEST: (to be completed after final grades are received.)**

APPROVED:

DISAPPROVED

COMMENTS: \_\_\_\_\_

NAME OF COURSE	FINAL GRADE	TUITION AND FEES	REFUND	REIMBURSEMENT

TOTAL: \$

TOTAL: \$

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
MUNICIPAL MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE