



P.O. Box 3609
Williamsport, PA 17701
570-323-8561 Fax: 570-323-1738

33 Springbrook Drive
Canton, PA 17724
570-673-6001 Fax: 570-673-6007

www.iu17.org

Request for Approval of Professional Training

This form is to be submitted to your immediate supervisor for approval. The form will then be forwarded to the Director of Student Services and the Executive Director for approval. This form is to be completed and approved prior to enrollment in any course. Failure to submit the request prior to enrollment in the course could result in the request being denied.

Upon receiving approval for the course, the applicant must provide a copy of the tuition bill so that reimbursement can be made. Reimbursement is for tuition only. The cost of books and fees will not be reimbursed. Within thirty (30) days of the completion of the course, the applicant must then provide proof of a passing grade. All requested information should be to the Business Office, BLAST IU #17, RR 2 Box 3364, Canton, PA 17724.

Name of Applicant

Address of Applicant

Name of School to be Attended

Course Name: _____

Course Number: _____

Number of Credits: _____ Cost of Tuition per Credit: _____ Total Tuition: _____

Course Start Date: _____ Course End Date: _____

Signature _____ Date _____

Signature of Supervisor _____ Date _____

Signature of Director of Student Services _____ Date _____

For BLAST Office Use Only

Tuition - Approved Amount: _____ Denied Amount: _____

For payment of tuition in accord with the Collective Bargaining Agreement between the BLAST Board of Directors and BLASTE.A.

Signature of Executive Director _____ Date _____