IOSCO REGIONAL EDUCATIONAL SERVICE AGENCY



27 N. Rempert Rd. Tawas City, MI 48763 Phone 989.362.3006/ Fax 989.362.9076 www.ioscoresa.net

Course Approval Form

Employee's Name:			
Program Name:			
School Name:			
School Ivanic.			
Instructor Name:			
Course Requested:			
Course requested.			
Beginning Date of Class:			
E II D (GI			
Ending Date of Class:			
Tuition Cost:			
1 322 011 C05 11			
		Date	Initials
Supervisor's Approval			
Superintendent's Approval			
1			
Iosco RESA Board of Education	n Approval		
	rr · · · ·		
		I	
Please Note: The above approv	als must be obtained	l prior to the start of a	nny course in
order to obtain reimbursement for tuition from Iosco RESA.			

The losco Regional Educational Service Agency does not discriminate on the basis of race, color, national origin, sex (including sexual orientation and transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.