



Transmitting School					July 1, _____ to June 30, _____		
Receiving School							
CTE Courses	MISO3 Course Code Number	Number of Semesters	Number Enrolled	Student Tuition Per Semester	State Use		
					Total Cost	Rate	CTE Reimbursement

Instructor Name	Facilitator Name	Number of Credits	Facilitator Cost	Credits	CTE Reimbursement

The signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.  
 Signature of authorized official of applicant organization verifies that the applicant has the necessary legal authority to apply for and to receive funding for the proposed activity.

The information provided accurately describes the proposed cooperative arrangement and is agreed to by both school districts.

Administrator of Transmitting School	Signature	Date
Administrator of Receiving School	Signature	Date

STATE USE		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred Action	Signature of CTE Administrator	Date

Transmitting School	Receiving School
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**CLAIM FOR REIMBURSEMENT FOR RECEIVING SCHOOL**

CTE Courses	MISO3 Course Code Number	Number of Semesters	Number Enrolled	Student Tuition Per Semester	State Use		
					Total Cost	Rate	CTE Reimbursement
<b>SUBTOTAL</b>							

Instructor Name	Facilitator Name	Number of Credits	Facilitator Cost	Credits	CTE Reimbursement
<b>SUBTOTAL</b>					

<b>TOTAL</b>			
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I certify that the information is factual, complete and can be substantiated.

Signature of Receiving School Administrator	Date	CTE Approval	Date
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Retain a copy for your records.