

Easton Area School District Human Resource Department

REQUEST FOR COURSE APPROVAL

NAME:

BUILDING:

COURSE NO.

COLLEGE, UNIVERSITY, OR IU:

COURSE TITLE:

NUMBER OF CREDITS:

GRADUATE:

UNDERGRADUATE:

STARTING DATE:

DATE OF COMPLETION:

All sections must be completed prior to submission or the request may be denied

Area(s) of Certification:

Prior to taking this course, I have. _____ credits (Ex. BS+21, MS+23, etc.)

With the completion of this course, I will have: _____ credits

Will completion of the above listed course result in the award of:

An Advanced Degree? ☐ Yes ☐ No

If yes, specify Degree::

(Official transcript and letter confirming degree, or a copy of diploma must be submitted)

I hereby request approval for the above listed course in accordance with the provisions of the current Collective Bargaining Agreement and policies of the Easton Area School District Board of Education.

Dated: _____

Signature of Applicant

This form must be received in the Human Resource Office one week prior to the start of your class. If you do not receive a signed copy approving this course within one week, please call the Human Resource Officer at 35014.

Dated: _____

Chief Human Resource Officer or Designee

☐ **APPROVED ***

☐ **DENIED**

****Courses from the same institution with the same title will not be reimbursed.***