

CARBONDALE AREA SCHOOL DISTRICT
101 Brooklyn Street • Carbondale, PA 18407
www.carbondalearea.org

PRE-APPROVAL FOR GRADUATE COURSE/CREDITS

Name: _____ School: _____
Last First M.I.

Teaching Assignment: _____ Grade Level: _____

Date of Last Course: _____

Permanent Certification/Level II Received? Yes No

Have you obtained twenty-four (24) post baccalaureate credits? Yes No

College/University: _____ Location: _____

Course Title: _____ Course #: _____

Attach a copy of the course description and enrollment in the course.

Is this course presented through correspondence, audio tapes, and/or video tapes, or conducted on public television? Yes No

Is this a web-based/online course? Yes No Cost of Course (please provide invoice) _____

If yes, justification for web-based/online course (Example: Only format in which the course is offered.)

Course Credit(s): _____ Date of Course: From: _____ To: _____

Credits to apply toward: Permanent Certification Salary Adjustment
 Advanced Degree Professional Advancement

Credits are in my area of teaching assignment: Yes No

I plan to request reimbursement: Yes No

Principal's Signature: _____ Date Submitted: _____

DISTRICT USE ONLY

Approved Disapproved Authorized Signature: _____ Date: _____

Has permanent certification Reimburse 75% Reimburse 100% of credits

Has 24 or more credits _____

_____ Credits for 20__-20__ school year at the 20__-20__ tuition rate _____ Initial