



PENNRIDGE SCHOOL DISTRICT

EDUCATIONAL PROGRAM APPROVAL REQUEST

Name: _____ Date: _____

Building: _____ Assignment: _____

I intend to enroll in: _____
Title of the Program

at _____
College/University

Additional educational background information:

Highest Degree Earned: _____ Credit(s) Beyond: _____

Explain how this program will benefit you and the students of the Pennridge School District.

Approved for column movement

Approved for reimbursement

Director of Human Resources Signature

Date

Instructions:

1. Completed Graduate Program Approval form
2. Attached a Copy of the program syllabus
3. Any other pertinent documents of the program you wish to share with the Director of Human Resources
4. Once you program is approved you will receive a signed copy.
5. You are now required to complete course approval forms for each course you wish to receive column movement and/or reimbursement for.