

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
Course meets standards of PDE educational 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.)

*Transcript and tuition bill must be submitted upon completion of the course. Fees are not reimbursable.

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

Request meets Article XIV requirements of CBA: ☐ Yes ☐ No

*Transcript and tuition bill must be submitted upon completion.

Principal's Signature: _____ Date Submitted: _____

DISTRICT USE ONLY

☐ Approved ☐ Disapproved Authorized Signature: _____ Date: _____

☐ Has permanent certification ☐ Reimburse 75% ☐ Reimburse 100% of credits

_____ Credits of _____ for 20__-20__ school year.