

ADVANCED CREDIT / REIMBURSEMENT REQUEST FORM

Port Washington-Saukville School District

Name of Staff Member: _____ Date: _____

Present teaching assignment: _____ School Building: _____

Advanced credit request related to (check one): Approved Master's program Approved Teacher Specialist program Reimbursement

COURSE#	TITLE	CREDITS	COLLEGE OR UNIVERSITY	SEM/YR

Have you been officially accepted and enrolled in a graduate program? YES NO

University: _____ Major: _____

Name of Advisor: _____

Describe how the above course(s) relate to your preparation for a Master's Degree or Teacher Specialist program:

STAFF MEMBER SIGNATURE

PRINCIPAL SIGNATURE

DATE

CREDITS: _____

SUPERINTENDENT SIGNATURE

Credits not approved for the following reasons:

Credits: _____ Course #: _____ Title: _____

Reason: _____

Credits: _____ Course #: _____ Title: _____

Reason: _____

FINAL APPROVAL: (Return this form with transcripts for completed courses. If for reimbursement, also submit proof of payment.)

Transcript received: _____

TOTAL CREDITS: _____

SUPERINTENDENT SIGNATURE