ADVANCED CREDIT / COURSE REIMBURSEMENT REQUEST FORM

Port Washington-Saukville School District

Name of Staff Member: _____ Date: _____

Present teaching assignment: _____ School Building: _____

Request related to (check one): ____ Approved Master's program ____ Approved Teacher Specialist I or II program

____ Approved Teacher Specialist Plus ____ Reimbursement

COURSE#	COURSE TITLE	CREDITS	COLLEGE OR UNIVERSITY	SEM/YR

Are you currently enrolled in a graduate program? _____ YES _____ NO

University: _____ Major: _____ Advisor: _____

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

_____

_____

_____

_____

_____ _____
STAFF MEMBER'S SIGNATURE DATE

INITIAL COURSE APPROVAL: *Initial course approval must be obtained prior to taking the course.*

_____ _____
PRINCIPAL'S SIGNATURE DATE

_____ _____
SUPERINTENDENT'S SIGNATURE DATE

FINAL COURSE APPROVAL: *Upon the completion of the course(s), re-submit this original approved form with a copy of your transcript or grade report attached. If courses were taken for reimbursement, also attach proof of payment.*

ADVANCED GRADUATE CREDITS RECORDED: _____

REIMBURSEMENT AMOUNT TO BE ISSUED: _____

_____ _____
SUPERINTENDENT'S SIGNATURE DATE

Rev. 8/30/12, 1/03/18, 2/08/18