

# GRADUATE COURSE APPROVAL REQUEST FORM

## Port Washington-Saukville School District

***Prior to completing this form, staff members are asked to review the procedures and requirements outlined in Administrative Guideline 3120.02 - Credit for Advanced Graduate Coursework.***

Name of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Present Position: \_\_\_\_\_ 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 master's degree program? ☐ YES ☐ NO

University: \_\_\_\_\_ Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Describe how the course relate to your master's degree program or Teacher Specialist plan (attach additional sheets if necessary):

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\_\_\_\_\_  
STAFF MEMBER SIGNATURE DATE

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

\_\_\_\_\_  
PRINCIPAL SIGNATURE DATE

\_\_\_\_\_  
SUPERINTENDENT OR DESIGNEE SIGNATURE DATE

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

ADVANCED GRADUATE CREDITS RECORDED: \_\_\_\_\_

REIMBURSEMENT AMOUNT TO BE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE DATE