

GRADUATE COURSE APPROVAL 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 Master's Degree program or Teacher Specialist program:

STAFF MEMBER'S SIGNATURE DATE

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

PRINCIPAL SIGNATURE DATE

DISTRICT-LEVEL DIRECTOR 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(s) attached. If courses were taken for reimbursement, also attach proof of payment.*

ADVANCED GRADUATE CREDITS RECORDED: _____

REIMBURSEMENT AMOUNT TO BE ISSUED: _____

SUPERINTENDENT SIGNATURE DATE