

TROY AREA SCHOOL DISTRICT

College Course Approval

This form must be completed and approved by your principal and the Superintendent per the professional employee contract. Employees shall notify the District by July 1st for fall classes, December 1st for spring classes and May 1st for summer classes of each applicable year of the expect course. A new form is to be completed and permission must be granted for each semester of course work. Once approval has been given and the course completed, approved documentation (see Credit Reimbursement form) must be issued to complete requirements for payment.

Graduate classes are to be in the employee’s field of certification or may be directly related to some portion of his/her teaching assignment, or at the request of the administration with the consent of the employee. Graduate credits must be secured from a college or university with an accredited graduate program, either traditional or online.

Not all approved courses are eligible for reimbursement per the current Professional Contract.

This form must be completed and approved by your Principal and Superintendent prior to enrollment.

- 1. Name _____
- 2. Teaching Assignment
 - A. Field _____
 - B. Grade _____
 - C. Building _____
- 3. Degree presently held _____
- 4. Certification(s) presently held _____
- 5. Number of years teaching experience in Troy _____ Other _____
- 6. I am working on:
 - A. Permanent Certification _____
 - B. Post B. S. Program of Enrichment _____
 - C. Enrolled Master’s Program _____
 - D. Post Masters _____
 - E. Enrolled Doctorate Program _____
 - F. Certificate in _____
- 7. Interest area _____
- 8. I request permission to enroll in _____(University/College)
- 9. Tuition rate is \$ _____ per credit.

Semester	Start Date	End Date	Course #	Course Name	# Credits
(only one per form)					
_____	_____	_____	_____	_____	_____
(SS/F/W/S)	_____	_____	_____	_____	_____

Teacher’s Signature _____ Date _____

Principal’s Signature _____ Date _____ Approved _____Y _____N

Superintendent’s Signature _____ Date _____ Approved _____Y _____N

Reason for disapproval _____