

TROY AREA SCHOOL DISTRICT

Approval for Credit Reimbursement

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. Remaining applicants shall be reviewed by the Superintendent, who shall have the authority to select the order of priority for reimbursement, in order to provide for the most educational beneficial professional development from the remaining pool. A new form is to be completed and permission must be granted for each semester of course work. Credits will only be reimbursed if the expense reimbursement and supporting documentation is submitted to the Business Office within sixty (60) calendar days of the course completion date.

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. Credits earned under scholarship, grants, or other financial subsidies are not eligible for reimbursement.

Payment will be made as required in the current Professional Contract. Not all approved courses are eligible for reimbursement per the current Professional Contract.

Payment will be made within thirty (30) days from the receipt of all required forms.

1. Name _____
2. I am working on:
 - A. Permanent Certification _____
 - B. Post B. S. Program of Enrichment _____
 - C. Enrolled Masters Program _____
 - D. Post Masters _____
 - E. Enrolled Doctorate Program _____
 - F. Certificate in _____
8. Official University/College Transcript provided _____
9. Tuition rate is \$ _____ per credit.
10. Bursar's receipt provided _____

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 _____