Portage Area School District

Graduate Credit Pre-Approval   School Year: 2017-2018

Course Name/Title	Course Number	# of Credits	Course Offered By	Course Start Date	Cost Per Credit*	Is the course in your area of certification?

Printed name of employee: _____

Signature of employee: _____   Date: _____

_____

Superintendent Approval: _____   Date: _____

Superintendent Denial: _____   Date: _____

Please attach proof that the course is a **Graduate Credit Course**

Please print, sign, and forward this to Amanda Martin in the Business Office.

Request will be submitted to the Superintendent for final approval.

Requests must be submitted prior to registering for the course.

Approval of all credits will be at the discretion of the Superintendent.

Office Use Only
Copy to Personnel File: _____   Copy to Business Office: _____   Copy to Employee: _____

*To receive tuition reimbursement for credits taken, you must furnish: Proof of Payment and Transcript Of Course and Grade