



WAYNESBORO AREA SCHOOL DISTRICT

Request for Course Approval

In order to comply with the current contract it is imperative that course approval be obtained before an employee register for a course in order to obtain reimbursement.

Name _____ Date _____

Current Teaching Assignment _____ Building _____ Grade/Subject _____

Title and Number of Course Request _____ Number of Credits _____

Institution Offering Course _____ Total Course Cost _____

Beginning Date of Course _____ Ending Date of Course _____

Please check all that apply which describes the relation of the course to your professional development:

- The District requested that I take this course.
- The course will meet the requirements of my Emergency Certificate.
- The course is needed to fulfill my Act 48 requirements.
- The course will meet the requirements for an Instructional II Certificate.
- The course is needed for my Master's Degree in _____
- The course will meet the requirements for another certification in _____
- The course is directly related to my present teaching assignment.

Please briefly describe the content of the course: _____

Employee Signature

Please forward the completed form to Sharon Levick, Personnel Office at Clayton Avenue Administration Building.

<p>For Administration Use Only</p> <p>Approved _____ Disapproved _____ Date _____ Reason _____</p> <p>_____ _____</p> <p>Superintendent/Designee Signature _____</p> <p>*If you are unable to participate in this course, notify Sharon Levick.</p>
