

CARBONDALE AREA SCHOOL DISTRICT  
101 Brooklyn Street • Carbondale, PA 18407  
www.carbondalearea.org

**PRE-APPROVAL FOR GRADUATE COURSE/CREDITS**

Name: \_\_\_\_\_ School: \_\_\_\_\_  
Last First M.I.

Teaching Assignment: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Last Course: \_\_\_\_\_

Permanent Certification/Level II Received?  Yes  No

Have you obtained twenty-four (24) post baccalaureate credits?  Yes  No

College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_

Attach a copy of the course description and enrollment in the course.

Is this course presented through correspondence, audio tapes, and/or video tapes, or conducted on public television?  Yes  No

Is this a web-based/online course?  Yes  No Cost of Course (please provide invoice) \_\_\_\_\_

If yes, justification for web-based/online course (Example: Only format in which the course is offered.)

Course Credit(s): \_\_\_\_\_ Date of Course: From: \_\_\_\_\_ To: \_\_\_\_\_

Credits to apply toward:  Permanent Certification  Salary Adjustment  
 Advanced Degree  Professional Advancement

Credits are in my area of teaching assignment:  Yes  No

I plan to request reimbursement:  Yes  No

Principal's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**DISTRICT USE ONLY**

Approved  Disapproved Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has permanent certification  Reimburse 75%  Reimburse 100% of credits

Has 24 or more credits  \_\_\_\_\_

\_\_\_\_\_ Credits for 20\_\_-20\_\_ school year at the 20\_\_-20\_\_ tuition rate \_\_\_\_\_ Initial