

ALLENTOWN SCHOOL DISTRICT
Request for Approval of Graduate Work
for Salary Credit and/or Tuition Reimbursement

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (Zip Code)

Date of Request _____ Grade/Subject Taught _____ School _____

Dates of Course (s) _____ To _____
(Month-Day-Year) (Month-Day-Year)

- Notes:** (1) Submit a separate request for each graduate course before you enroll.
 (2) Complete I for Salary Credit. Complete II for Tuition Reimbursement.
 Complete I and II for Salary Credit and Tuition Reimbursement.
 (3) This form constitutes prior approval.

I. SALARY CREDIT REQUIREMENTS

- A. Receive prior approval of the Superintendent/Designee.
 B. Attend classes at a regionally accredited institution of higher education or its off-campus center.

Name of Institution	Title of Course	Course Number	Number of Credits	Approval	Date
				<i>For District Use</i>	<i>Only</i>

II. TUITION REIMBURSEMENT REQUIREMENTS

- A. Attain B+6 salary column
 B. Same as A and B above

Name of Institution	Title of Course	Course Number	Number of Credits	Approval	Date
				<i>For District Use</i>	<i>Only</i>

FOR DISTRICT USE ONLY:

Degree level of employee on date of request _____

Date Official transcript received _____ Grade received _____

Date tuition receipt received _____ Amount of receipt \$ _____

Reimbursement per credit \$ _____ Total reimbursement paid \$ _____

Credits registered by _____ Copy to Payroll _____

REMARKS: