

**TUNKHANNOCK AREA SCHOOL DISTRICT
APPROVAL OF POST GRADUATE DEGREE OR CERTIFICATION**

To be completed prior to or in conjunction with the request for tuition reimbursement application for the first course in the series.

Applicant _____ Date Submitted _____

Teaching/School Assignment _____

Current Placement on the Salary Schedule _____

Name of Post-Graduate Degree/Certification _____

University _____ Total Credits Required _____

Please attach a description of the course work from the University's website. This should include a listing of required courses and any PDE certifications for which the completer would qualify.

The Superintendent's signature below indicates that the district has approved this course of study and will provide tuition reimbursement and column movement for these courses per the Collective Bargaining Agreement.

It is understood that the educator taking these courses is committed to completing the degree/certification. It is further understood by both parties that the educator will add all available credentials to his/her PDE certificate that completion of this course of study makes available.

Signature of Applicant

Signature of Superintendent

Date

Date