

REQUEST FOR COURSE CONSIDERATION



| Name of Professional |
|---|
| Subject Professional Teaches |
| Primary Building Professional is Assigned |
| Name of College or University Where Course is to be Taken |
| Name of Course |
| Course Number |
| Number of Credits |
| Date Course Begins |
| Date Course Ends |
| Mark All That Apply: |
| Enrolled in the Graduate School |
| Graduate Level |
| Undergraduate Level |
| Toward a Degree |
| Request to have Graduate School (up to Kutztown University rate) paid |
| Request to have Credits Applied to the Increment Program |
| Date: |
| For Superintendent's Office Use Only |
| |
| Approved for Reimbursement (up to Kutztown University rate) |
| Approved Increment Program |
| School Year in which Credits Are Applied (12 Credit Maximum) |
| Superintendent's Signature Date |