



PALMERTON AREA SCHOOL DISTRICT
680 Fourth St., PALMERTON, PA 18071

COURSE PRE-APPROVAL FORM

Staff Member: _____ Date of Request: _____

Building: _____ Position: _____

Part I – Course Information

College/University: _____

Date Course Begins: _____ Course Title: _____

Number of Credits: _____ Cost per Credit: _____

College/University: _____ Semester _____

Description of the Course: _____

Purpose of Course: Level II/Permanent Cert Continuing Ed Act 48

Employee's Signature: _____ **Date:** _____

Upon completion of your course you may submit your request for reimbursement by completing the Tuition Reimbursement Form along with receipt of payment from the college/university (CHECK OR CHARGE RECEIPTS ARE NOT ACCEPTABLE), and your official transcripts.

Part II – Completed by the Building Principal or Supervisor

Principals' Signature: _____ **Date:** _____

Send the form to: **The Superintendent's Office**

Part III – Completed by the Superintendent's Office

Approval: **APPROVED** **DECLINED**

Superintendent's Signature: _____ **Date:** _____

Confirmation Copies: Original – Personnel Copy – Staff Member