



PALMERTON AREA SCHOOL DISTRICT
680 Fourth Street, Palmerton, PA 18071

COURSE PRE-APPROVAL FORM

Employee: _____ Date of Request: _____

Building: _____ Position: _____ PPID#: _____

Part I – Course Information (complete **ALL** fields for approval)

College/University: _____

Course Title: _____ Course #: _____

*Date Course Begins: _____ *Date Course Ends: _____

****Must include exact begin and end dates***

Number of Credits: _____ Cost per Credit: \$ _____ Semester: _____

Description of Course: _____

Purpose of Course: Level II/Permanent Certification Continuing Education Act 48

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

Upon completion of the 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 – Superintendent's Office
Copy – Staff Member