

PYMATUNING VALLEY LOCAL SCHOOLS

**REQUEST FOR ADMINISTRATIVE APPROVAL TO TAKE GRADUATE COURSES
AND RECEIVE BOARD REIMBURSEMENT**

DATE OF REQUEST _____

EMPLOYEE NAME REQUESTS PERMISSION TO TAKE THESE GRADUATE COURSES:

NAME OF COLLEGE/UNIVERSITY: _____

COURSE NUMBER(S): _____ NUMBER OF HOURS: _____

THESE ARE: SEMESTER QUARTER HOURS (CHECK ONE)

COURSE DESCRIPTION: _____

IS COURSEWORK: _____ TRADITIONAL ? _____ CORRESPONDENCE ? _____ OTHER ?

(Please describe "other"): _____

WHERE ARE CLASSES BEING HELD? _____

TOTAL NUMBER OF HOURS REQUESTED: _____

WHAT DEGREE ARE YOU PURSUING: _____

SIGNATURE OF EMPLOYEE **DATE**

APPROVED BY:

PRINCIPAL **DATE**

APPROVED BY:

SUPERINTENDENT **DATE**

FORMS DISTRIBUTED AS FOLLOWS:

- (1) EMPLOYEE (2 COPIES)
- (2) TREASURER
- (3) EMPLOYEE FILE (ORIGINAL)