



Shippensburg Area School District Graduate Course Approval Form

Name: _____

Date of Application: _____

School Building: _____

Position: _____

I am seeking prior approval for the following graduate and /or in-service course:

Institution	Graduate Course Title & Number	Credit Hours	Total Course Tuition	Date Course Begins	Date Course Ends

Including the above, I will have requested payment for _____ credits during the current contract year.
(July 1 - June 30, limit - 12 credits per fiscal year)

PAYMENT FOR COLLEGE GRADUATE CREDITS (please refer to Teacher Contract)

- The district shall make payment directly to the institution of higher learning at the time of preregistration for the tuition cost of each course to be taken. Please submit the approved invoicing authorization at the time of registration.
- The District shall provide each member of the bargaining unit, except long term substitutes, covered under Section 9.04 of this contract:

2016-2018 School Year	\$18,000 Limit
2018-2020 School Year	\$19,000 Limit

For tuition for graduate and/or Pennsylvania Department of Education (PDE) in-service credits. **Members of the bargaining unit shall be paid a maximum of twelve (12) credits per contract year.** In the event that any course is not satisfactorily completed with a grade of "B" or better, or "Pass" on a Pass/Fail system, the member of the bargaining unit shall reimburse the District the total amount of money paid for the course.

- Individual members of the bargaining unit will be responsible for requesting advancement on the salary schedule by September 15 and/or January 15 in writing to the Superintendent and include an official transcript(s) verifying the request change. Salary increments for Master's, Master's +15, Master's +30, Master's +45, and Master's +60 will occur in **September and January.**
- In the event that a member of the bargaining unit who has received such reimbursement leaves the District within one (1) year of the completion of the credits, the member shall reimburse the District for the same.

Superintendent or Designee

Date

Signature of Applicant

Course has been: Approved Denied

Comments: _____

Please Return This Form To The Office Of The Superintendent

OFFICE USE ONLY	
Total Credits This Contract Year: _____	Sabbatical: <input type="checkbox"/> No <input type="checkbox"/> Full Year <input type="checkbox"/> Half Year
Total Credits on Record: _____	Date Request Received: _____
Total Tuition Reimbursement: _____	



Invoicing Of Graduate Fees

This form is to be given to your University or College when registering

The individual named is an employee of the Shippensburg Area School District and is hereby approved to take the course described below. The **tuition fee** should be billed directly to the Shippensburg Area School District Business Office.

Name: _____

University / College: _____

Course Title: _____

Course Number: _____

Course Begin Date: _____

Course End Date: _____

Total Course Tuition: _____

When invoicing, please list the Shippensburg Area School District employee registered and mail to:

**Shippensburg Area School District
ATTN: Accounts Payable
317 North Morris Street
Shippensburg, PA 17257
(717) 530-2700**

Thank you for your cooperation,

Superintendent or Designee
of Shippensburg Area School District

Date

Cc: Accounts Payable