

BUCKEYE LOCAL SCHOOL DISTRICT

APPLICATION FOR PROFESSIONAL IMPROVEMENT THROUGH GRADUATE CREDIT HOURS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PRESENT ASSIGNMENT

School: \_\_\_\_\_ Grade, Subject, Other: \_\_\_\_\_

DEGREE INFORMATION:

Undergraduate degree: \_\_\_\_\_ College or University: \_\_\_\_\_

Number of graduate hours completed to date: \_\_\_\_\_ Since June 1: \_\_\_\_\_

COURSEWORK FOR WHICH REQUEST IS MADE:

College or University: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

EXACT TITLE(S) OF COURSE(S) TO BE COMPLETED:                      Credit Hours: Fees Charged:

\_\_\_\_\_  
\_\_\_\_\_

REIMBURSEMENT OF ONE LICENSE \$\_\_\_\_\_ (Not to exceed \$200.00)

Payment will be made in accordance with Article XVI, Section 16.02 of the Negotiated Agreement. Request for payment must include: official transcript or grade sheet and verification of payment amount (canceled check or invoice).

Maximum reimbursement per school year: \$592.00 (Classes beginning on or after July 1 will be allocated to the school year beginning immediately thereafter)

DO NOT WRITE BELOW THIS LINE: \_\_\_\_\_

Course work was satisfactorily completed and was in applicant's assigned field.

Official transcript is on file in Superintendent's Office: \_\_\_\_ Yes    \_\_\_ No

Number of approved credit hours completed: \_\_\_\_\_

Amount approved for payment: \$ \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

Approved

Disapproved