**DOVER AREA SCHOOL DISTRICT**

 **APPROVAL FOR COURSE REQUESTED BY EMPLOYEE**

*Application must be approved prior to registration.*

*Complete and submit only the top portion of the application prior to registering for the course.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | PPID |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Building  |       | Position |       |

|  |  |
| --- | --- |
| Course Title |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course # |       | Credits |       |  Tuition Charge (per credit) |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Start Date |       | Course End Date |       |

|  |  |
| --- | --- |
| College/University |       |

|  |  |  |
| --- | --- | --- |
| 3rd Party Provider?  *(agency partnering with college/university)* | [ ]  Yes | [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Eduspire | [ ]  Learner’s Edge/Teaching Channel | [ ]  Other |       |

|  |  |
| --- | --- |
| [ ]  Blended Format | [ ]  Brick and Mortar Format |

|  |  |
| --- | --- |
| URL with Description of Course  |       |

|  |  |  |
| --- | --- | --- |
| Is the course being taken to receive additional certification? | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| If yes, what area/certification? |       |

|  |  |  |
| --- | --- | --- |
| Is the course part of an advanced degree you are pursuing? | [ ]  Yes | [ ]  No |

|  |  |  |
| --- | --- | --- |
| If yes, ? | [ ]  Master’s  | [ ]  Doctorate |

|  |  |
| --- | --- |
|       *initials* | I understand that approval of this application may not guarantee full reimbursement, in accordance with the 2023-2028 Agreement between The Board of School Directors of the Dover Area School District and the Dover Area Education Association: Section L #1-5. |

|  |  |  |  |
| --- | --- | --- | --- |
|       |  |       |  |
| Applicant Signature  |  | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Superintendent/Designee Signature  |  | Date |  | [ ] Approved | [ ] Denied  |
| Denied Reason |  |

**REQUEST FOR TUITION REIMBURSEMENT**

*This section must be completed on the Approval for Course Requested by Employee Application (portion above)*

*and submitted within 60 days of receipt of final grade for course.*

*Complete the bottom portion of the application after the course is completed.*

|  |  |  |  |
| --- | --- | --- | --- |
| I  | [ ]  am | [ ]  am not | requesting reimbursement for this course. |

|  |  |
| --- | --- |
| Tuition | $       |
| Registration Fee | $       |
| Lab/Computer Lab Fees | $        |
| Total Reimbursement Requested: | $        | Course Grade |       |

**Please attach: (1) receipt of expenses from the college/university (2) course grade report/transcript**

|  |  |
| --- | --- |
| [ ]  | The completion of this course qualifies me for a column move, per contract.  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Instructional II | [ ]  | Masters | [ ]  | M + 15 | [ ]  | M + 30 | [ ]  | M + 45 | [ ]  | M + 60 | [ ]  | Doctorate |

|  |  |  |  |
| --- | --- | --- | --- |
|       |  |       |  |
| Applicant Signature  |  | Date |  |

|  |  |
| --- | --- |
| [ ]  Approved for Reimbursement |[ ]  Approved for Advancement on Salary Schedule |

|  |  |
| --- | --- |
| Effective Date of Change |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Superintendent Approval  |  | Date |  |