**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 |  |