



Boyertown Area School District - Request for Course Approval

Instructions:

1. Complete this form and send it along with the course description from your regionally accredited college/university to the Assistant Superintendent of Teaching and Learning to obtain pre-approval for a master's, doctoral or a certificate program.
2. Once pre-approval is granted, submit this form to your Building Principal for approval.
3. Then, submit this form, course description from your regionally accredited college/university, and a copy of tuition (only) cost from your college/university to the Chief Human Resources Officer for approval.

Please note the following:

- It shall be the applicant's responsibility to submit the Request for Tuition Reimbursement ("Tuition Reimbursement Receipt Detail Form") or Request for Tuition Reimbursement – Defer Payment ("Tuition Reimbursement Receipt Detail Form" – Defer Payment) form and the required documents within ninety (90) calendar days following the end of the course to receive the reimbursement.
- It shall be the applicant's responsibility to submit the Request for Column Movement form for this course, if approved, with official transcript for column movement by due date to be approved for the column movement.
- Official grades and hard copy of official transcript (in a sealed envelope) from the college/university must be sent directly to the applicant, not to the Human Resources Department. Electronic official transcript must be sent to HR directly.
- Incomplete form will be returned to the employee, and any missed applicable deadlines will not be extended.

Course Approval Request for: Tuition Reimbursement Column Movement

NOTE: All courses must be approved at all levels of the District Administration before the start date of the requested course for reimbursement and/or column movement eligibility.

Name: _____ Employee #: _____

Building: _____ Current Assignment: Grade/Subject: _____

Employed: Full-time OR Part-time _____%

Current Educational Level: BA BA+15 MEQ M M+15 M+30 M+45

Course Title: _____ Course #: _____

Course Description: Please attach descriptive materials.

Is the course part of a Master's, Doctoral or Certification Program? Check the appropriate box:

- 1st Master's Program 2nd Master's Program Doctoral Program Certification Program

Name of the Degree or Certification Program: _____

Name of College/University: _____

Start Date: _____ (MM/DD/YYYY) End Date: _____ (MM/DD/YYYY)

* **End date determines tuition year, July 1 to June 30.**

Relevance to Professional Assignment: Please provide a brief rationale on how this educational course is job related. (Consider - Is the education required or how does the education maintain or improve skills required to do your present job?)

Is this a Video/Online/Self Study course? Yes* No

* End date for Video/Online/Self Study courses must be no later than one year from start date.

Estimated Tuition Cost** \$: _____ (# _____ of credits X \$ _____ per credit)

This is an estimate only. Actual reimbursement will be per district policy, for tuition only (no fees or materials), based upon the Tuition Reimbursement Receipt Detail Form submitted at the conclusion of the course.

** Please attach a copy of tuition (only) cost from your college/university.



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I certify that the submitted information in the Request for Course Approval form is true and accurate to the best of my knowledge, and I have not received reimbursement for the course applied on this form from any other source. I further understand that satisfactory evidence of successful completion of the course(s) must be submitted in accordance with the above requirements and the CBA.

Employee Signature: _____

Date: _____

Signatures and Approvals:

Building Principal: _____

Date: _____

Approved Not Approved Reason for Non-approval: _____

Assist. Sup. of Teaching & Learning: _____

Date: _____

Approved Not Approved Reason for Non-approval: _____

Chief H.R. Officer: _____

Date: _____