

HARDYSTON TOWNSHIP PUBLIC SCHOOLS
REQUEST FOR GRADUATE COURSE APPROVAL
(Please complete one form for each course requested)

Teacher Name: _____ Date of Request: _____

Grade/Department: _____

College Attending: _____

Course number and title of course: _____

MUST ATTACH COPY OF COURSE DESCRIPTION FROM CATALOG

Number of credits: _____ Date of Semester: From: _____ To: _____
_____ Spring _____ Summer _____ Fall

Amount of tuition per credit: _____ X number of credits _____ = \$ _____

Note: Reimbursement based on current HTEA Contract, Article XXIX, A-1a, b, c, d, e, 2 and B-1, 2, 3: Not to exceed \$600 per credit with a maximum reimbursement per employee of twelve credits per year. (*attached*)

Will successful completion of this course enable you to move to a new column on the salary guide?

_____ **Yes** (*If yes, you must submit a separate letter of request to the CSA's office as per Article XXXIII, entitled "Salary Guide" and transcript for guide movement or proof of grade for non-movement credit.*)

_____ **No**

Number of graduate credits completed toward the next step on the salary guide: _____

Number of graduate credits completed this school year (July 1 to June 30): _____

The course shall be directly related to the individual teachers' professional development. Briefly describe how the knowledge and skills offered in the course will enhance your teaching and have a positive effective upon your students.

Signature of Teacher (Staff Member)

Signature of C.S.A./Date

DATE RETURNED TO EMPLOYEE FOR REGISTERING: _____
Date

Date sent to BOE after registering: _____

Approval of this request does not guarantee the tuition reimbursement.

Effective 7/1/2017
Revised: 11/6/2018