

Galesburg-Augusta Community Schools

COLLEGE CREDIT

PRIOR APPROVAL FOR REIMBURSEMENT

Pursuant to the provisions of the 20____ - 20____ Agreement between Kalamazoo County Education Association, Galesburg-Augusta Education Association, MEA/NEA and Galesburg-Augusta Community Schools, Schedule A, Section B: Reimbursement for Graduate School Course Credit Tuition, I submit the following for approval.

Teacher Name _____ Hire Date _____

Teaching Assignment _____

Course ID _____ Credit Hours _____

Course Title _____

Institution _____

Beginning of Course: Year _____ Semester _____

- I certify I have earned the requisite number of credits (18 credit hours) or completed the requisite hours of District Provided Professional Development (DPPD) necessary for a Michigan Professional Teaching Certificate.

Signature of Teacher _____ Date _____

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- Approved
- 60% (hired before 2/1/2014)
 - 25% (hired on or after 2/1/2014)

Denied

Comments: _____

Signature of Superintendent

Date

After completion of approved course, submit proof of payment along with official transcript showing a satisfactory grade for the above course and the district shall issue reimbursement.