

HAZLETON AREA SCHOOL DISTRICT

1515 West 23rd Street - Hazle Township, PA 18202 - Phone 570-459-3111 - www.hasdk12.org

****Please complete this form and submit it to Jessica Barrett/Business Office, prior to the course start date. Write your name and school building on the reverse side of this form. This will assure the prompt return of the form to you. ****

REQUEST FOR COURSE APPROVAL

PPID: _____

Date: _____

Name: _____
Last First MI

Dept/Grade Assignment: _____

Building: _____

College/University/IU: _____

Online Course _____ yes _____ no

Course Number: _____ Course Title _____

Course Description: _____

Number of Credits: _____ Course Dates From: _____ To: _____

Plan to Request Tuition Reimbursement upon completion _____ yes _____ no

Credits apply toward: _____ Permanent Certification

_____ Master's +45

_____ Master's Degree

_____ Master's +60

_____ Master's +15

_____ Doctorate

_____ Master's +30

_____ Act 48/Continuing Ed

Other: _____
(explain)

PROFESSIONAL DEVELOPMENT PLAN

1. Date Professional Development Plan Submitted/Approved: _____
2. Goal(s) of Professional Development Plan addressed by this course: _____

DISTRICT USE ONLY

_____ Approved _____ Disapproved (reason: _____)

Authorized By: _____ Date: _____