PENN CAMBRIA SCHOOL DISTRICT REQUEST FOR PRE-APPROVAL OF PROPOSED CREDITS

Name:					AREA OF CERTIFICATION: TEACHING ASSIGNMENT:			
Course #:					Number of Credits:			
Tuitio	ON C	ost Per Credit	Γ:			·····		
TITLE	of C	Course:		1			· · · · · · · · · · · · · · · · · · ·	······································
DATES	o o F							
1111		CE: Month	DAY	YEAR	10	MONTH	DAY	YEAR
State	MEN	T OF RELEVANCI	E OF PRO	OPOSEI) COU	RSE:		
	A.	Increase understanding of the learning process.						
	B.	Improve teaching techniques.						
	C.	Increase knowledge in subject area.						
	D.	Meet requirements for employment advancement in the education profession.						
schedu	ile or	al of proposed crecedit reimburse reement.		•	_			•
					Superintendent's Signature			
					Date		 	

*Items needed for reimbursement:

- Proof of payment along w/itemized statement of costs Official transcript w/seal a)
- b)