

PROGRAM MUST BE APPROVED PRIOR TO COURSE ENROLLMENT FOR CERTIFICATION/TUITION REIMBURSEMENT

**Washington County Public Schools
Human Resources Department
Course Approval Form**

Check One: Master's Degree 36 Semester Hour Program Incentive Program Additional Course Work
 (Master's Equivalent - minimum of 21 graduate credits and maximum of 15 MSDE/undergraduate credits) (30 graduate credits OR minimum or 21 graduate credits and maximum of 9 MSDE credits)

Name: _____ School: _____ Date Submitted: _____

Social Security Number: xxx - xx - _____ WCPS ID Number: _____ Grade Level/Subject Taught: _____

Current Certificate Type (SPCI, SPCII, APC, Conditional): _____ Valid from: _____ to: _____

Institution	Course Number	Course Title	Graduate Credit (check one)		Number of Credit Hours in:		Human Resources Office Only		
			Yes	No	College Courses	MSDE Courses	Date Completed	Grade	Approval

Human Resources Office Use Only:

Program Completed: _____

Salary Effective: _____

Degree Level: _____

Director Approval

Date

Human Resources Office Use Only:

Approval: _____

Supervisor (Master's/36 Semester Hour Program Only) _____ Date _____

Teacher Certification Coordinator

Date _____