

COURSE APPROVAL FOR EXTRA-INCREMENT CREDIT AND/OR REIMBURSEMENT
PORTA Community Unit School District #202, Petersburg, IL
 This form must be submitted prior to start date of class(es).

This request is for: A graduate level course in my field
 A course which Unit District #202 has asked me to take.
 Extra Increment Credit
 Reimbursement up to \$100 per credit hour (12 credits per school year.)
 Other (state reason) _____

DATE CLASS STARTS ENDS	COURSE NUMBER	TITLE OF COURSE
_____	_____	_____
_____	_____	_____

NUMBER OF SEMESTER HOURS	COST PER CREDIT HOUR	COLLEGE/UNIVERSITY
_____	_____	_____
_____	_____	_____

Description/Syllabus of Course: _____

 Teacher Signature & Date

Superintendent's Response:

Semester Hours approved towards extra-increment credit upon receipt of hours awarded.
 Reimbursement of \$100 per credit hour (12 credits per school year)
 Denied for the following reasons:
 Failure to obtain prior approval
 Curriculum not relevant to current assignment
 Other _____

 Superintendent Signature & Date