Pre-Approval for College Credit



South Williamsport Area School District 515 West Central Ave. South Williamsport, PA

> Phone: 570-327-1581 Fax: 570-326-0641 www.swasd.org

Teacher Name Building Date Submitted

	SUBMIT TO SUPERII	NTENDENT PRIC	OR TO TAKING THE	COURSE
	Check one of	f the following whi	ch applies to you.	
	king to be reimbursed at the leadits toward the Master's Deg			
	obtained my permanent certi tate rate for the following cou		signment and am I am askii	ng for reimbursement at the
Iniversity where c	ourse will be taken:		Course Start Date	Course End Date
Course name:			Number of Credits	Course Number
ourse format:				
IF YOUR	COURSE IS CANCELL	ED, NOTIFY THE I	BUSINESS OFFICE IM	MMEDIATELY.
PON COMPLET	ION OF COURSE, SUB	MIT COPY OF CO	OURSE GRADES TO T	HE BUSINESS OFFICE
Approved	Full Tuition Penn	State Rate No Rei	mbursemet	
Disapproved				

Superintendent

Date