

Union City Area School District
REQUEST FOR PROFESSIONAL DEVELOPMENT
- COLLEGE and UNIVERSITY COURSES -
(In order to receive reimbursement, approval is required before registering.)

Name: _____ Current Assignment: _____

LIST AREAS OF CERTIFICATION ON PROFESSIONAL CERTIFICATE

DEGREE(S) HELD

(Degree) _____ from (College/University) _____ Year _____

(Degree) _____ from (College/University) _____ Year _____

(Degree) _____ from (College/University) _____ Year _____

College/University through which graduate credits will be completed: _____

How graduate credits will be completed: (circle)

At College/University Correspondence On-Line
Branch: _____

NOTE: Courses must be from an accredited college or university, preferably on a graduate level. (See Professional Contract – Article IV, Section O, pg. 10.) Attach documentation of proof if you are attending an out-of-area college/university or a correspondence or on-line course.

Credit is toward: (Please check)	In: (Please check)
<input type="checkbox"/> Certification	<input type="checkbox"/> Administration
<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Other: List subject area/skill _____
<input type="checkbox"/> Post Graduate Degree	

Course Title: _____ Course Number: _____

Level: _____ Start Date: _____ End Date: _____ Number of Credits: _____

Course Description: **Please attach copy**

Applicant's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____