

THE SCHOOL DISTRICT OF THE CITY OF YORK, PENNSYLVANIA

TO: Human Resources

FROM:

SCHOOL:

DATE:

1. Request is made that the course(s) listed below be approved as part (or all) of the credits needed to qualify for one of the following (**select appropriate box**):

- Masters
- Masters +30 Graduate Credits
- Masters +60 Graduate Credits
- Doctorate

COURSE NUMBER & TITLE	NO. OF CREDITS	INSTITUTION	COURSE LENGTH	
			FROM	TO
A.			00/00/00	00/00/00
B.			00/00/00	00/00/00
C.			00/00/00	00/00/00
D.			00/00/00	00/00/00

2. The courses listed above (do, do not) meet the criteria for reimbursement.

3. An approved course pre-approval form must be in the file before reimbursement maybe for these courses.

REMARKS:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

YCSD 200  
9/86  
9/89  
5/00  
10/01  
9/02