

Educational Credit Application Form

*Instructions: Choose either Option 1 OR Option 2. Answer all questions under that option and return the completed form to your building principal. **Note: 1 grad credit = 15 PDUs.***

Option 1

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I am participating in an approved graduate program. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have presented, or have attached evidence of acceptance into the graduate program. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have presented, or have attached a program course list for completion of that graduate program (degree plan). |
| <input type="checkbox"/> | <input type="checkbox"/> | This course is an elective but will be accepted by the university as part of my degree plan (no more than 9 elective credits will be approved). |
| <input type="checkbox"/> | <input type="checkbox"/> | I am requesting _____ PDU hours. |

Option 2

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I am participating in this graduate course as an enrichment course (not seeking a degree). |
| <input type="checkbox"/> | <input type="checkbox"/> | The graduate credits are from an accredited college or university and meet the requirements of the UW system and DPI for graduate course work. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am requesting _____ PDU hours. |

Graduate course work must be such that it applies to a program which is relevant to an educational certification as recognized by DPI licensing.		Date submitted:	
Name:		School: Alt HS SOAR RVA DO SES MAES MAMS MASH	
Session Course To Be Taken: <input type="checkbox"/> Summer (yr.) _____ <input type="checkbox"/> Fall (yr.) _____ <input type="checkbox"/> Spring (yr.) _____ <input type="checkbox"/> Other _____		Anticipated Course Completion Date:	
Course Number.:	Course Title:		
Number of Credits:	University:		
Course Description:			

I acknowledge that the district will reimburse a maximum of three credits per year.

Signature

Date

<i>For Office Use Only</i>			
Received By:		<input type="checkbox"/> Approved	
		<input type="checkbox"/> Disapproved	
_____ Principal	_____ Date	_____ District Administrator	_____ Date
Educational Credit Application Form.wpd (Revised 1/19)			