

MONTOURSVILLE AREA SCHOOL DISTRICT  
50 North Arch Street  
Montoursville, PA 17754

**APPLICATION FOR PAYMENT OF COLLEGE CREDITS**

Date: \_\_\_\_\_

Name of applicant (please print): \_\_\_\_\_

Applicant's address: \_\_\_\_\_

College where course(s) will be taken: \_\_\_\_\_

In Classroom

On-Line (please provide proof of accreditation)

Title of course: \_\_\_\_\_

Course number: \_\_\_\_\_

Purpose of taking this particular course: \_\_\_\_\_

\_\_\_\_\_

Date course begins: \_\_\_\_\_

Date course ends: \_\_\_\_\_

Number of credits \_\_\_\_\_

Tuition cost per credit: \$ \_\_\_\_\_

\*Tuition cost **ONLY**: \$ \_\_\_\_\_

**\*(No fees, books, scholarships or grants will be reimbursed)**

Approved  Disapproved

\_\_\_\_\_  
Superintendent's Signature

The Montoursville Area School Board will reimburse teachers for advanced college credits taken with prior approval of the district superintendent upon presentation. *A tuition bill showing an itemized breakout of tuition and fees must be submitted along with evidence that the course was completed with a satisfactory grade with a "B" or better or a "P" grade.* The course(s) must be related to the field of endeavor of the individual, must be for the professional advancement of the teacher, or must be for the educational benefit of the district. The district shall provide reimbursement for the actual cost of credits only, and payment will be made directly to the teacher. The teacher must be employed by the district at the time of payment.

**Please submit this form and a copy of this form** to the district superintendent for approval. The copy will be returned to you for your records.