

Request for College Credit



Teacher Name

Building

South Williamsport Area School District
515 West Central Ave.
South Williamsport, PA
17702

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

ALL CREDITS REQUESTS MUST BE EMAILED TO GRADUATECREDIT@SWASD.ORG

Check one of the following which applies to you.

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LEVEL I

The courses requested below will count towards my LEVEL II certification. I understand I am limited to a maximum of 9 credits per school term as determined by the Professional Growth Program in the current Collective Bargaining Agreement.

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LEVEL II

I am requesting permission to take the courses listed below. I understand I am limited to a maximum of 6 credits per school term as determined by the Professional Growth Program in the current Collective Bargaining Agreement.

University where course will be taken:

Total Credits
Requested

Course Name and Number of Credits

Course Name and Number of Credits

Course Name and Number of Credits

Course Submission Dates

FALL (Aug. 1-5) SPRING (Dec. 1-5) SUMMER (Apr. 10-15)

UPON COMPLETION OF COURSE, SUBMIT COPY OF COURSE GRADES TO THE BUSINESS OFFICE.

Credits Approved

Credits Denied

Term of Approval

Credits Remaining

Superintendent

Date