

MOUNT UNION AREA SCHOOL DISTRICT  
APPLICATION FOR PRE-APPROVAL OF COURSE(S),  
IN-SERVICE CREDIT(S) AND TUITION PAYMENT  
CONTRACT YEAR: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_

PRE-APPROVAL AND COURSE INFORMATION

Course Title	Credit Value Credit Hours	College/University I.U./Other	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Employee's Signature

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

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date

PLEASE SUBMIT THIS FORM TO THE SUPERINTENDENT'S OFFICE