

Request for College Credit



South Williamsport Area School District
 515 West Central Avenue
 South Williamsport, PA 17702

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

Teacher Name: _____

Building: _____

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

Check one of the following which applies to you

Level 1

The course 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.

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	Total Tuition Amount

Course Name	Number of Credits

Course Submission Dates

Fall (August 1-5); Spring (December 1-5); Summer (April 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: _____