

**Keeneyville Elementary School District 20
5540 Arlington Drive East
Hanover Park, IL 60103**

Request for Course Approval

Date: _____

To: Dr. Carol Auer
Superintendent of Schools

From: _____

Grade Level _____ Building _____

I am requesting that approval be given for the following course. I understand that I shall be reimbursed the actual rate (that in no event shall exceed the verified tuition rate in effect at the beginning of the each academic year) at Northern Illinois University at DeKalb to a maximum of 75% for each semester hour earned provided the following conditions are met:

- I. Hours must be pre-approved by the Superintendent or his/her designee in accordance with the following criteria:
 - A. Courses must either be or be related to:
 - . a masters degree in education; or
 - . a masters degree in teacher's major or minor field; or
 - . a certificate of advanced study (CAS); or
 - . the teacher's teaching assignment, which in the opinion of the Superintendent or his/her designee, shall improve the teacher's ability; or
 - . a type 75 administrative certificate program; and
 - B. Must be taken at an accredited educational institution; and
 - C. May include a maximum of six (6) semester hours of distance learning courses before and during the time period that the affected teacher obtains a masters degree and six (6) semester hours of distance learning courses after the affected teacher obtains a masters degree provided that such hours meet the standard set forth in A above (e.g. internet; audio; correspondence; video; virtual classroom); and
 - D. Shall be a graduate level course; and
 - E. Must attain a grade of "B" or higher or "pass" in a "pass or fail" course.
- II. Request for pre-approval and appropriate documentation:

Request for pre-approval and the corresponding appropriate documentation must be submitted fourteen (14) calendar days prior to the beginning of the scheduled class unless an emergency situation arises as defined by the Superintendent or his/her designee. Appropriate documentation includes the following: this form completed; the educational institution's course, masters degree program, CAS, or type 75 administrative certificate program description, the number of hours associated with the course(s), master degree program, CAS or administrative certificate program as determined by the educational institution, and the number of hours that reimbursement is sought for by the teacher.

Pre-approved coursework shall be reimbursed two (2) times a year (September 30th and the last day in February). In order to process reimbursement money, the following must be submitted to the Superintendent or his/her designee, prior to September 7 and February 7 if the course was completed prior to that date: official transcripts from the course, a tuition invoice and a completed original of this form.

Staff may not claim both the payment of registration fees by the district and course reimbursement. They may claim either one or the other. In order to receive horizontal advancement for course(s), masters degree program, a CAS or a type 75 administrative certificate, a teacher must submit the following to the Superintendent: official transcript or a copy of the degree and a completed original of this form. Appropriate documentation must be submitted according to the schedule above, before credit is awarded. Courses taken during the school day will not be approved for credit.

Course Name: _____

Please attach a course description to this request.

Course Number: _____ Credit Hours: _____ Cost/Hour: _____

College or University: _____

Course Dates: _____

Specify the criteria under Section 3(A) of the Professional Negotiation Agreement Between the Board of Education of Elementary School District No. 20 and Keeneyville Education Association that you believe you satisfy:

Does the completion of this coursework qualify you for horizontal advancement on the salary schedule contained in the Professional Negotiation Agreement Between the Board of Education of Elementary School District No. 20 and Keeneyville Education Association? _____

If yes, what is your current placement on the salary schedule and where do you believe your completion of this coursework should place you?

Current placement: _____

Placement after completion of coursework: _____

Date: _____

_____ Course Approved

Superintendent

cc: Accounts Payable Specialist
Requesting Staff Member
Principal