

OLD FORGE SCHOOL DISTRICT
REQUEST FOR CREDIT APPROVAL
BEYOND MASTERS DEGREE

Date: _____

Name of Applicant _____

Area of Certification _____

Course/Courses _____

College/University _____

Dates of Course Offering (beginning/ending) _____

No. of Course Credits Being Requested _____

Signed _____

Approved

Rejected:

Date: _____

Superintendent