

**ALBERT GALLATIN AREA SCHOOL DISTRICT  
2625 MORGANTOWN ROAD  
UNIONTOWN, PA 15401**

**APPLICATION FOR REIMBURSEMENT FOR CREDITS**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Building \_\_\_\_\_

Teaching Position (Grade or Subject) \_\_\_\_\_

Type of Certificate \_\_\_\_\_

Cost Per Credit \_\_\_\_\_ Number of Credit Hours Earned \_\_\_\_\_

Amount of Reimbursement Requested \_\_\_\_\_

**EDUCATIONAL DATA**

School	Date of Attendance	Course Name and Number	Credit Hours	Grade

- 1. Attach grade sheet or transcript.**
- 2. Attach a receipt showing payment in full for tuition charges for approved courses of study. (cancelled check, credit card statement, etc.)**

\_\_\_\_\_  
Signature

Approved \_\_\_\_\_

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

Reimbursement can be applied for once course has been completed.