

**ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT**  
**APPLICATION FOR CREDIT FOR COURSES**  
**TO BE TAKEN AND USED FOR SALARY INCREASE**

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Subject Area/Grade \_\_\_\_\_

This course is for Bachelor's credit [ ] or Master's credit [ ]

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For Graduate Courses: College: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Course Number: \_\_\_\_\_

Semester and year: \_\_\_\_\_ Number of Semester Hours: \_\_\_\_\_

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**For Course Reimbursement**

**Teachers are eligible to be reimbursed up to \$1,500 every five (5) years for ONE (1) course.**

I agree to submit the following upon successful completion of this course:

- Original transcript/s
- Copy of cancelled check or credit card receipt
- Reimbursement form

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOT For Course Reimbursement**

I agree to submit the following upon successful completion of this course:

- Copy of transcript

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Course if approved

Course if not approved

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Superintendent Date

Central Office Use Only: Last paid course: \_\_\_\_\_