



# OIL CITY AREA SCHOOL DISTRICT

*Excellence in Education*

825 Grandview Road Oil City, PA 16301 Phone:814-676-1867

## REQUEST FOR 50% ADVANCED CREDIT PAYMENT

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

Building: \_\_\_\_\_

Total Credit Cost: \_\_\_\_\_

PLEASE NOTE: The district reimburses the tuition amount only. Fees charged by the college/ university should not be included for credit reimbursement.

Amount of Payment Requested (50%): \_\_\_\_\_

College or University Attending: \_\_\_\_\_

Course Title or Description: \_\_\_\_\_

Date Course Will Be Completed: \_\_\_\_\_

PLEASE NOTE:

**Attach verification of your registration to this form.**

The following is an excerpt from the Collective Bargaining Agreement, Article XV, Section A, No. 8:

The Board will pay fifty percent (50%) of the per credit hour costs upon verification of such registration. In the event the teacher fails to complete the course or does not receive credit or does not return to employment in the school district, the teacher agrees to repay the Board the fifty percent (50%) advanced payment within a thirty (30) day period following the scheduled date for the class to end.

Approved by: \_\_\_\_\_, Principal \_\_\_\_\_ Date

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