UNIQUE NEED TUITION REIMBURSEMENT FORM

Please complete this form for requests for tuition beyond the WCEA entitlement as specified in the negotiated contract between the Warren County Education Association and Warren County School District: "Reimbursement will be made for courses taken to meet a new or unique need of the District as determined by the Personnel Committee of the Board."-WCEA and WCSD Negotiations Agreement.

	Jarahn	D	ate: 6-10-0	7
Assignment/Grade Level: 9-10	2- 5ch	onl Coun	selor	
1 1 -		Warren County Scho	ol District as Teacher:	<u></u>
Please describe the unique need of the \	Warren County School	District that would b	e met by this request:	
School Admin				1 Certificat
				1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<u> </u>		
Certification/Degree that will be earned	K 12 F	rinc: Dal	Cortiq	· Cotion
College/University: Edin 6		-		
	ALTON P	212,19	elephone Number:	
Advisor/Dean's Signature:	volem I	USA CHAKTE	elephone Number:	132 - 1548
List <u>all</u> courses for which tokion reimbe	irsement is being reque	sted;		
Соигас	Course Number	No. of Credits	Date of Course	Cost of Tuition
xx ecc osed			$\overline{\omega}P_{\underline{k}}$	
*				
	71.			
Date that Certification/Degree will be av				
I have read the above information and as	gree that it is correct:	17 1711	_	-1. /
University Advisor's Signature:	Ly fush		Date:	7/12/07
Advisor's Telephone Number: 8/9	4.732.154	<u> </u>		
I agree to all the conditions of tuition rela	mbursement as stated in	the WCEA /Board	Agreement or Act 93 /Bo	oard Agreement
and understand that I have no entitlemen	to a position transfer b	y completion of the	se courses.	_
Requestor's Signature: Dunlas	Vaugh		Date;	2-14-07
	•			

I have reviewed the above information for unique need tuition reimbursement. As the re request as meeting a unique need of the Warren County School District and approve the program by my signature below.	questor's supervisor, I recognize this requestor's participation in this				
Supervisor's Signature:	Date:				
As superintendent of the Warren County School District, I recognize this request as meeting a unique need of the Warren County School District and approve the request for tuition reimbursement and the requestor's participation in this program by my signature below.					
Superintendent's Signature:	Date:				

WARREN COUNTY SCHOOL DISTRICT PROJECTED CERTIFICATION NEEDS

Foreign Languages

Spanish French

German

Science

Physics Chemistry

School Administration

Reading Specialist

Special Education

Autism

Physically Handicapped Emotional Support

Life Skills

Consumer Science

Technology Education

School Counselor

Educational Technology Integration

Librarian

Additions to Special Education Certificates

Mathematics Social Studies Science

Middle Level Certificates

Masters Degrees in the Content Area

Advanced Placement Course Training



June 4, 2007

School of Graduate Studies and Research Edinboro, PA 16444 (814) 732-2856 Toll Free: 888-845-2890 Fax: (814) 732-2611

rax: (814) 732-26. www.edinboro.edu

Mr. Douglas Vaughn 1008 Conewango Avenue Warren, PA 16365

Student ID Number: @00694547

Dear Mr. Vaughn:

I am pleased to inform you that your request for change of curriculum has been approved.

A statistical fact sheet pertaining to your change of curriculum is attached. Please review all data presented on this sheet, and return the enclosed response form. If you have any questions about the fact sheet, or any other aspects of graduate school, please contact us.

It is very important that you meet with your advisor to review your program requirements and complete a new plan of study. Be certain to retain a copy for your records.

Approximately one week after the close of the semester, in which you have been enrolled, you may access your grades electronically by using your <u>SCOTS</u> (Student Centered On-line Transaction System) account. Instructions for using SCOTS are shown in the tutorial at the following link: http://www.edinboro.edu/cwis/studaff/scheduling/tutorial.htm. Several forms used for grades, billing address changes, etc. are provided at this website for your use. Because you are in a program offered online, your graduate program head will schedule your classes for you. Should you have any questions or concerns, please feel free to contact me at (814) 732-1094 or toll free, (888) 845-2890.

We look forward to hearing from you and welcome you to the Edinboro Family.

Sincerely,

Rick Wagonseller,

Director of Online Programs

Rich Wagonseller

RW:lac

Enclosures: Admission Acceptance Form

Program Information Sheet

c: Dr. Andrew Pushchak, Program Head/Advisor

File

Educational Leadership

Professional Studies • School of Education • Edinboro University of Pennsylvania

Andrew J. Pushchak, Ed. D. • Program Head • 324 Butterfield Hall • 814.732.1548 • apushchak@edinboro.edu

K12 Principal Certification Plan of Study Option 2 - On Line

Name: Douglas Vaughn			ID #:	@00694547		
Advisor:	Dr. Andrew J. Pushchak			Delivery:	ivery: On-Line	
MEd.	MA Counseling - EUP			Date:		
Number	Course		Credits	Offered	Taken	Grade
SCHA 700	Introduction to Educational Leadership		3	FA 07	***************************************	··· ··
SCHA 775	Educational Leadership Theory and Practice		3	FA 07		
SCHA 741	Curriculum Leadership		3			
SCHA 721	Collaborative Leadership for Evaluation		3			
SCHA 760	Legal Aspects of Educational Leadership		3			
SCHA 765	Financial Aspects of Educational Leadership		3			
SCHA 731	School and Community Relations		3			
SCHA 789	Elementary Principal Internship		3			
SCHA 794	Secondary Principal Internship		3			
		TOTAL:	27			
X	Teaching Certification					
X Years of Satisfactory Professional Certificated Experience		xperience				
X Application for Post Master's Certification						
	PRAXIS 0410 Score					
Δ .						
your"	Vauf	6/18/0)7			
Douglas Vaughn - Student Signature		Date		Date		Date
alla	RIPM	5/2-5/0	7			
Dr. Andrew J. Pushchak - Advisor Signature		Date		Date		Date
alg.	Kislell	5/25/07				
Dr. Andrew J. F	ushchak - Program Head	Date	***************************************	Date		Date
						Fall 2006

